QUARTERLY PERISCOPE.

FOREIGN INTELLIGENCE.

ANATOMY.

1. *Absence of the Thymus Gland.*—Dr. Harrington relates in the *London Medical and Physical Journal*, for February last, a case in which the thymus gland was absent. It occurred in a male child, which at birth was healthy, active, and plump, and sucked strongly on being applied to the breast eight hours after being born. For the first twenty-six hours it remained remarkably tranquil and quiet, but at the end of this period began to moan and be restless, and afterwards passed several motions, which were fœtid and slimy, and contained small lumps of apparently feculent matter, and some coagulated blood. On the third day the dysenteric symptoms continued and the infant was also seized with convulsions On the fourth day the state of the bowels continued nearly the same, and blood was passed with the urine. On the sixth day the child cried much for the first time, was very restless, had dry, red tongue and lips; hot skin, great thirst; taking any fluid ravenously from the spoon; urine high coloured and bloody; motions frequent, watery, yellow, and projected with much force. On the evening of the eighth day the child expired. On examination, several strictures were found in different parts of the intestinal tube, and the colon and rectum throughout presented the characters of intense inflammation. The liver was very large and congested with blood, as was also the right kidney. The remaining abdominal viscera were healthy. The heart and lungs were perfect. *No trace of a thymus gland could be discovered.*

2. *Zonula Zinnii in the Human Eye.* By Professor M. J. Weber, of Bonn. —Anatomists have greatly differed as to the nature of this part of the eye. Thus Lieutaud, Cassebohm, Ferrein, &c. consider it as a continuation of the retina; Winslow, Zinn, Meckel, Hempel, Bock, and a majority of modern anatomists, as an appendage of the hyaloid membrane. Rudolphi asserts, that it is a distinct membrane; his opinion was adopted and sustained by Doellinger, and M. Weber also coincides in it. He has found that diluted nitric acid, which gives to the retina a yellowish tinge and greater thickness, does not produce those effects on the zonula; and, consequently, it is not a continuation of the retina: another fact which tends to the same conclusion is, that when the retina attains the external edge of the zonula, it can be separated from it without tearing; and, instead of confounding itself with the tissue of the zonula, its edge is reflected backwards and inwards towards the hyaloid. M. Weber has seen this reflection in the eyes of an infant of from two to three months old; and he thinks, that in more advanced age, this termination of the retina is effaced from the mutual adherence of the two lamellæ of the reflection. Finally, in the eyes of the subject the zonula was in an abnormal state, whilst the retina, vitreous body, hyaloid membrane, &c. were all in a normal condition. The zonula was in the form of a beautiful grayish-white, opaque ring; its external and

crenulated edge was dove-tailed in some degree with corresponding crenations in the retina, which formed the reflection spoken of above, to the extent of half a line.

Examined under a miscroscope of two hundred and twenty magnifying power, the zonula appeared to be formed of a medullary substance, which was almost homogeneous, with rudiments of globules; the arrangement of these elementary parts offered a rayed appearance, but without any distinct fibres. The retina was distinguishable from it by its greater thickness, and the absence of this radiated structure.—*Ferussac's Bulletin, Nov.* 1828.

3. *Anterior Termination of the Retina.*—Dr. Schneider, of Munich, has found that the retina does not terminate in an enlarged border, near the external edge of the ciliary body, as has generally been supposed, but that when it arrives at that point, it is continued without interruption towards the axis of the eye, and terminates near the crystalline by a free edge which is not attached to the crystalline capsule. This continuation of the retina is situated behind the ciliary body, and before the zonula zinnii. It forms a thin and delicate medullary lamina covered with pigmentum nigrum. This pigmentum is thinner and thinner as it approaches the crystalline, and is entirely wanting on the free edge. At the distance of two-thirds of a line from the crystalline, the retina again thickens, and assumes a very white colour, and appears to the naked eye like a flaky circle of about two-thirds of a line in width, presenting, at unequal distances, elevations and depressions to the number of seventy or seventy-five. The internal edge of this circle appears cut off, and is closely applied to the edge of the capsule of the crystalline. Under the microscope the small flakes have the appearance of conical bodies studded with minute elevations, resembling the nervous papillæ of the tongue. The structure of these different parts of the retina is perfectly identical.—*Ibid.*

PHYSIOLOGY.

4. *On the supposed Existence of Active Molecules in Mineral Substances.* By Robert Bakewell, Esq.—In our last number, p. 200, we published a notice of the supposed discovery, by Mr. Brown, of active molecules in mineral substances. We felt well convinced at the time that there had been some error, being aware of the numerous ones to which microscopical researches are liable, and we are now happy to point out some interesting observations and experiments by Mr. Bakewell, which disprove this imagined discovery, and show some of the circumstances from which it probably originated. "I have made," says Mr. B. "repeated observations on several mineral substances, which Mr. Brown says are chiefly composed of these active molecules; and though in some instances I was at first persuaded that I had seen the motions of the molecules similar to those of the smallest species of Infusòria, a more careful examination proved that I was mistaken, and that the motions were derived from causes that had not been properly appreciated. In these experiments it is absolutely requisite to employ fresh distilled or fresh boiled water. The Thames water and water in cisterns generally contain numerous animalcules. I chiefly made use of single lenses from one-twelfth to one twenty-eighth of an inch focal length, varying in magnifying power, from 100 to 220 times in linear dimensions: the use of the compound microscope is, I think, inadmissible in such delicate observations. With the lowest of the above-mentioned powers, a particle less than one-twenty-thousandth part of an inch in diameter is distinctly perceptible, and the form of a particle of twice that diameter may be observed. To make use of higher powers than what are absolutely required, renders the examinations more difficult, and the result more uncertain.

"To obtain glass in a highly comminuted state, I took the powder-blue used by laundresses, which I still further triturated. The small portion of the oxide of cobalt which enters into the composition of this glass, could not be supposed to paralyse the action of the molecules, as all the metals that can be reduced to powder are said to contain these active molecules.

"By making use of powder-blue, I had the advantage of seeing when all the larger particles were deposited. Among other substances which I more particularly examined, were finely powdered adhesive slate, mountain cork, quartz, flint, and kaolin, from a specimen of the best kind used in the manufacture at Sevres, given me by M. A. Brogniart. When a drop of water containing any of these substances was placed under the microscope, I perceived particles in motion, which continued for some time, and then was scarcely discernible, but on laying my hand upon the table the motion recommenced, and was evidently produced by a current in the drop; although many particles appeared to be more influenced by it than others, which occasioned a change in their relative positions. Hence I became convinced, that in order to make the experiment properly, the microscope should be placed on a support not liable to be affected by vibrations of any kind, and I therefore placed the instrument on a support made for a telescope stand, so constructed as to prevent vibration when examining the more delicate double stars. I found that even the pulsation of my body occasioned an oscillatory motion of the particles, when the microscope was placed upon a table. After repeated trials, I became satisfied that whatever motions may appear to take place among the particles, for some time after the drop of water is first placed under the microscope, they will soon subside, if not kept up by agitation from external causes. In London, as an excellent practical philosopher, the late William Nicholson justly observed, it is scarcely possible to avoid the effects of vibration; this may be seen by the continual tremors visible on the surface of mercury placed in a basin. Now, if the particles of dust that fall on the surface of the mercury could be brought under a powerful microscope, they would appear in constant motion. Let us suppose the mercury to be changed for water, a similar effect will take place, and the particles that may sink under the surface will represent the particles of dust in a single drop; and Mr. Brown informs us that the whole of the London dust is composed of active molecules. I am fully convinced, however, that their activity in a drop of water, as well as when dancing in the sunbeam, is derived from external agitation. The very force of gravity constantly drawing the particles downwards must not be overlooked, for it is not contended that the vitality of inorganic particles is sufficient to keep them permanently suspended in water. The observer's breath, and the constant evaporation of the drop, have also a tendency to produce counter-currents. A drop of water placed under the microscope, may be regarded as equal, in apparent magnitude, to a quart of the same fluid in a water-glass, and will be subject to the various currents that may be produced by agitation in the larger quantity; but the slightest movement which occasions a displacement of the particles, even the thousandth part of an inch will, under a high magnifying power, make them appear to perform a long voyage. Some of the animalcules discovered by Lœwenhoeck, the motions of which excited so much surprise, he informs us, never travelled farther than a hair's breadth.

"It is highly improbable that we shall ever be able to reduce mineral substances to their ultimate molecules by pulverization. Their essential qualities remain the same after pounding as before; and, could we construct microscopes that would magnify twenty thousand times in linear dimensions, we should see in pounded quartz, flint, &c. fragments and pebbles the size of walnuts, exactly resembling those of the same minerals at the foot of a mountain, and it is difficult to believe that they would gain active moving powers by simple immersion in water. Still the philosophical world is greatly indebted to Mr. Brown, for having directed the attention of naturalists to this curious subject. About ten years ago, I was informed that Mr. Bywater, an ingenious optician, now residing in Liverpool, had discovered moving animalcules in coal-ashes, pounded marble, and other mineral substances. Little interest was then excited by the supposed discovery; it required an eminent naturalist, like Mr. Brown, whose merits are well known and highly appreciated in his own country, and on the continent, to direct public attention to statements so much at variance with our preconceived notions of matter. If, contrary to my expectation, after all due caution in the observations, it should be finally established that mineral substances are composed of active molecules, what new views of nature will the discovery unfold! Beds of siliceous sand, like those on our Hampstead Heath, are only awaiting a further process of trituration, to be awakened into life by the torrent that shall bear them into the ocean; and the geologist, while he contemplates the organic remains of a former world embedded in solid rocks, must regard the rocks themselves as the parents of future living beings. But who shall presume to say that we have at present discovered all the properties which the Creator has communicated to material substances? It should be borne in mind, that less than a century since, latent heat, electric and galvanic energy, and crystalline polarity were unknown as important agents in nature; and that philosophers attempted to explain the phenomena of thunder-storms, and even of vital action, on mechanical principles. It will not be denied that many important processes take place in the mineral kingdom, which cannot now be explained by the agency of known causes, but await the discovery of other principles for their satisfactory elucidation.

"As it is probable that many persons may be desirous of entering this new field of inquiry, it will materially assist them in forming an accurate judgment of what they observe, to provide pepper water, and other vegetable or animal infusions, that they may from time to time compare the motions of the real Animalcula infusoria with those of the supposed active molecules; and, if modern philosophy did not disdain to profit by the illustrations which common life frequently offers, I would recommend them to look attentively at the bubbles, or the crumbs that float on the surface of a basin of tea, and they will soon be convinced, that change of relative position is not a sufficient proof of spontaneous motion or vitality."—*Magazine of Natural History, March,* 1829.

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5. *Case of Five Children at a Birth,* furnished by Dr. Weiss, and communicated to the Clinic by M. Carus.—A woman, twenty-seven years of age, who had been married five years, of a middle stature and robust constitution, after having given birth to twins two years before, was put to bed with five children. The regular period of pregnancy was passed, and nothing in particular occurred, except that the woman felt herself more feeble than usual, with less inclination to eat or sleep. The abdomen had been very much distended, especially on the right side. The movements had been chiefly felt on the left side. The birth of the first child was very easy, and took place soon after the formation of the watery sac. The others came more slowly, and the last with much the most difficulty. Each was enclosed in a separate sac, and immediately followed by its particular placenta. All were born with the head presenting in the first position. The first that came were two boys, then a girl, next a boy, and then a second girl. Not one of them survived the third day. Their general length was from fifteen and a half to sixteen and a half inches. The second boy did not weigh two pounds after its death. Although all were regularly formed, they did not appear to have attained perfect maturity. With the boys, the umbilical cord was sixteen inches long, but only twelve with the girls; pulsation in it could scarcely be perceived at the moment of birth. The children had an old look; their voice was tremulous; they slept continually; and their temperature was very low. The mother, although very feeble, soon regained her health.—*Gemeinsame deutsche Zeitschrift für Geburtskunde.*

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6. *Case of a child born with a Tumour of considerable size upon the Occiput, with Parencéphalocele.* By M. Brouissaux, (Leger,) M.D.—A healthy young woman, on the 23d of August, 1824, gave birth to an infant with a tumour upon its occiput as large as its head. The development of the tumour was attributed to a contusion received by the mother upon the abdomen, in the first months

of pregnancy. The child lived fourteen hours, in a state of almost absolute insensibility and immobility. All the muscles depending upon cerebro-spinal influence were paralyzed; sucking was impossible, and deglutition could hardly be effected when milk was poured into the infant's mouth. The alvine evacuations took place naturally; the eyelids were constantly closed, and the ball of the eye remained immoveable; the pulse could be felt, though very feeble; the motion of the thorax in respiration was very slight. The tumour, which was nearly round, soft, opaque, and ulcerated in many places, presented a neck one inch in length and three in circumference; on grasping it, especially towards the cranium, a greater resistance was felt than in any other part.

The child died, when on opening the tumour, it discharged about four ounces of corrupted blood. On extending the opening, a tumour of a lively red was perceived, of the size of a turkey's egg, the opening of which gave exit to a considerable quantity of very thick black blood, and of three clots of the same colour and of the size of a hazle-nut. This second tumour communicated with the brain, through an opening situated behind the great occipital foramen. It gave passage to a portion of the medulla oblongata, six lines in length, which presented no signs of alteration either in colour or structure.

The meninges appeared to have been the seat of inflammation, as well as the cerebral substance itself. Each of the ventricles contained about a drachm of a sanious fluid.—*Revue Méd. December*, 1828.

7. *Superfœtation in a Double Uterus.*—A woman, pregnant for the seventh time, aborted in the fifth month. A dead fœtus, eight inches and a half long, was first expelled, then an embryo, supposed of three months, showing some signs of life, and three and a half inches in length. The two placentæ were afterwards discharged one after the other. The midwife, after an attentive examination, found that the vagina and neck of the uterus were natural, but that beyond the exterior opening of the latter, were two orifices, each leading to a distinct uterus. This case is attested by Dr. Duges.—*Journal des Progrès, Vol. XIII. from the Emphémérides de Montpellier.*

8. *Destruction of the Right Hemisphere of the Brain, with Hemiplegia of the left side, the Intellect unimpaired.*—In *La Lancette Française* there is related the case of a man aged thirty-two years, who died with the usual symptoms of phthisis pulmonalis, which, as well as disease of the heart, was ascertained by post mortem examination. The patient had also hemiplegia of the left side, and on opening the cranium, to seek the cause of this affection, it was perceived that a considerable mass of fluid was poured out between the brain and cranium. The hemisphere of the right side was wasted and reduced to a mere membrane; the cerebral substance had disappeared; the optic and olfactory nerves of the right side were shrunk, as were also the corpora olivaria and tubercula quadrigemina of the same side. The intellects of the patient were unimpaired.

9. *Case of Anaesthesia or loss of Sensation, unattended with corresponding loss of Motion.* By ALEXANDER REID, Esq. Surgeon.—The following case is extremely interesting, as proving that the sentient principle may be annihilated, while that of motion may continue almost entire; thus furnishing strong evidence, in addition to that already collected, of the truth of the physiological doctrines of the double functions of the *medulla spinalis*, promulgated by Mr. C. Bell and others.

Mr. Walker, aged fifty-six, tall, and remarkably stout made, was a land-surveyor in Jamaica, where he resided twenty years. About the year 1802, he had a severe fall from his horse, which fractured some of his ribs, greatly injured his back bone, and rendered it necessary for him to be confined on his back for several weeks; and it was not until some time after the expiration of this period that he was able to walk about. He however recovered gradually, "and was at length able to attend to his business as formerly, although he felt at this time a numbness commence in the right hip, and which extended down to the great toe of the same side of the body. Nearly two years afterwards he sprained the muscles of the back, situated over the lumbar vertebræ, while in the act of leaping a broad ditch. He could not move his body in the least degree, without causing him severe suffering in the affected part; and, upon his recovery, he found that the numbness of the right leg was rather increased, although he acknowledges that he felt but little inconvenience in going about his usual avocations from this circumstance.

"Nothing of interest happened him till the year 1812, when cold brought on an attack of erysipelas in his right leg and foot, and which afterwards affected his left leg also. Both legs at this period felt benumbed, and were insensible to the prick of a pin. His left foot became the weakest of the two, his limbs occasionally swelled, and were also covered with a disagreeable eruption. When he was in the warm bath, he could not say whether the water was cold or hot, until immersed above mid-thigh, even although his feet and legs were in this condition; and, to use his own words, 'felt as if covered with a stocking or boot, or as if sleeping.' He was, nevertheless, able to take proper exercise.

"In 1815, he was advised by his medical friends to try the effects of a sea voyage, and a residence in his native country. He arrived in Scotland about the beginning of July, when he felt both body and mind in a vigorous and healthy condition, with the exception of the want of feeling, which was still increasing throughout the body. After taking medical advice both in London and Edinburgh without receiving any benefit, he was obliged to go back to Jamaica on pressing business. After his arrival there he thought himself a little better. This amendment, however, was not permanent. He found the heat when exercising in the sun almost insupportable—quite different from what he formerly felt it. Unfortunately, he at this time jammed his right foot betwixt the gunnel of a boat and the ship's side, which bruised the foot, injured the metatarsal bone of the little toe, and brought on a troublesome sore. This circumstance was the cause of frequently laying him aside from taking his accustomed exercise in the open air, and which he conceived materially injured his general health. He again returned home in 1818 worse than when he left Scotland. In 1822 it was found absolutely necessary to remove the metatarsal bone, which had become carious and otherwise diseased, from its giving rise to repeated attacks of constitutional irritation. From the performance of this operation, productive of great suffering, Mr. Walker declared he felt not the smallest degree of pain, more than if it had been dead matter which had been operated upon. The sentient power is at present nearly, if not completely annihilated over the whole surface of the body; while the power of motion, although impaired, is yet so entire as to enable him to use his hands in carving his food, in writing, in holding the reins when on horseback, &c. He is also able to walk a short way, even without a staff. In answer to some queries which I put to him, he says, 'the want of feeling continued to increase slowly, and from my legs extended to my hands and arms, till I lost the feeling of finger after finger. The skin of my brow and head is also affected. I feel with nothing but my mouth, that is to say, I am incapable of telling whether any thing I touch is cold or hot, rough or smooth. I am generally speaking in possession of my ordinary functions. With regard to the sensation of my feet and hands, (and these I am at a loss to describe,) when cold, which they generally are, they feel heavy and stiff. When attacked with rheumatism, or when blistered from incautiously going too near the fire, an accident of which I am not conscious at the time, or when matter is gathering, they feel as if tight bound in a boot and very heavy, accompanied with restlessness and stretching all over the body. This was exactly the sensation produced by the collection of matter which so often took place from the diseased bone. I felt no pain whatever when you extracted the bone from my foot; nor would I now, I am convinced, were you to dissect the whole foot. When driving or riding, I cannot tell, unless I see, whether or not

I hold the reins or whip. My taste, smell, and hearing are perfectly entire. My sight is weak. Occasionally my eyes are slightly inflamed, and water a good deal. This I attribute to a difficulty which I have in shutting my eyelids from a want of perfect power in them. My feet and hands are to a certain extent paralyzed, that is to say, I have not the same power of motion in them which I had in a state of health, nor even a few years ago, when the want of feeling was nearly as great as it is at present.'

"In this interesting and singular case, Mr. Walker is a living instance of abolition of the sentient power, not only in the skin, but also in the deep-seated muscles, tendons, and ligaments, as was exemplified in the operation for the removal of the metatarsal bone, while the power of the nerves of the other external senses remain entire, and perform their functions in a perfect manner. The internal functions obey the will, and each one acts correctly under the influence of their peculiar stimulus as in a state of health; even the *sensorium commune* is fully adequate to carry on its intellectual operations in a very perfect degree. The motive power, which at first was little affected, appears now to be getting involved in the wreck of the sentient. The motions of the muscles of the eye, particularly the *orbicularis oculi;* of the *levator* muscles of the mouth; of the extensor muscles of the hands and fingers; and the extensors of the foot and toes, are imperfect; nevertheless they are to a limited extent still under the command of volition."—*Ed. Med. and Surg. Journ. April,* 1829.

10. *On the Physiological Effects of Oxygen Gas upon the Animal System.* By S. D. Broughton, Esq.—Although it has long been known that the respiration of pure oxygen gas is destructive to life, some differences of opinion have existed with respect to the physiological conditions of the animals subjected to its influence; and also with regard to the quantity of oxygen consumed under these circumstances, compared with that consumed by the respiration of atmospheric air. With a view to elucidate some of these points, Mr. B. confined rabbits, Guinea-pigs, and sparrows, in glass jars, inverted over water containing oxygen gas, obtained from black oxide of manganese by a red heat. The animals at first appeared to suffer no inconvenience from the respiration of the gas; but after some time, (generally in about an hour,) their breathing became hurried, and their circulation accelerated. This state of excitement was followed by an opposite one of debility; the respirations became feeble, and were more slowly performed; loss of sensibility and of the power of voluntary motion gradually supervened, till the only remaining visible action was a slight one of the diaphragm, occurring at distant intervals. On opening the body under these circumstances, and also after the entire cessation of the movements of the diaphragm, the breast was found to be still in vigorous action; the blood in every part of the vascular system, both venous and arterial, was of a bright scarlet hue; it was remarkably thin, and rapidly coagulated; and the temperature of the body continued undiminished. If, before the diaphragm has ceased to act, the animal is removed from the vessel to the open air, it generally either recovers spontaneously, or its animation may be restored by artificially inflating the lungs with atmospheric air. Mr. B. found that the gas in which animals had thus been confined till they died, retains its power of rekindling a blown-out taper, and of sustaining for a time the life of another animal introduced into it; and he hence deduces the inference that it does not contain so great an excess of carbonic acid as the gas left when animals have perished by confinement in atmospheric air. He considers the train of symptoms induced by the respiration of pure oxygen gas as analogous to those which follow the absorption of certain poisons into the system.—*London Medical Gazette, May,* 1829.

11. *Silver found in the Viscera of a Person who had used the Nitrate of Silver.*—Dr. Wedemeyer, of Hanover, has published in *Rust's Repertorium,* the case of an individual who used the nitrate of silver internally, for the cure of epilepsy; the disease was removed, and the skin assumed a blue colour. The patient was

afterwards affected with disease of the liver and dropsy, of which he died. On post mortem examination, all the internal viscera were found more or less stained of a blue colour, similar to that of the external surface. The plexus choroides and pancreas were submitted to chemical examination by M. Brande, and a portion of metallic silver obtained.

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12. *Functions of the Intestinal Canal and Liver in the Human Fœtus.*—"A very interesting paper on the above subject was lately read at the Royal Society by Dr. Lee. From the circumstances of the early development of the liver and intestines of the fœtus, of the copious supply of blood which they receive, and of the great space which they occupy in the abdomen, the author was led to the conclusion that they performed some important functions in the fœtal economy. Although no nutritive matter can be furnished by the mouth, yet the contents of different portions of the alimentary canal were found, both in appearance and chemical composition, to have a striking analogy to those of the same parts of the canal in the adult, where the processes of assimilation and absorption are performed. A semi-fluid matter, possessing all the characters of albumen, is found closely adhering to the inner walls of the small intestine, and is more especially abundant around the papillary projection, through which the common duct of the liver opens into the duodenum, and diminishes in quantity as we trace it towards the termination of the ileum. The great intestines are generally distended with a dark green homogeneous fluid, containing no albumen, and apparently excrementitious. No albumen can be detected in the contents of the stomach: hence the author infers that an absorption of some nutritious substance, (which he brings forward several arguments to show must be derived from the liver,) takes place from the intestinal canal in the latter months of gestation. He states that in two instances he detected the presence of a substance similar to that which he had found in the duodenum, in the hepatic duct itself. Hence he is led to the conclusion that the function of the liver in the fœtus is not confined to the separation of excrementitious matter from the blood, but that it supplies materials subservient to nutrition. That the substances existing in the intestines of the fœtus are not derived from the mouth, is proved by these being equally found in encephalous children, or where the œsophagus is impervious, as where no such malformation had existed.

"A note is subjoined to this paper by Dr. Prout, giving an account of the mode by which he ascertained the chemical character of the substance referred to in his examination. The paper is accompanied by drawings of the intestinal tube in the fœtus."—*Philosophical Magazine.*

PATHOLOGY.

13. *Case of Colica Pictonum.* By Edward Barcome, Esq. With remarks by Staff-Surgeon Doyle.—We present the following case solely for the purpose of enabling us to lay before our readers the very judicious remarks which are appended to it by Mr. Doyle. We would particularly request attention to these remarks, as an excellent specimen of sound physiological reasoning, as illustrative of the philosophical views of disease taught by physiological medicine, and as pointing out an important practical error in the treatment of colica pictonum, to which routine practitioners, and those whose intelligence has not kept pace with the progress of science still pertinaciously adhere; viz. the attempting to open the bowels by drastic cathartics, thus aggravating the mischief; instead of resorting to measures calculated to subdue the active inflammation of the intestines.

"William Lynch, aged twenty-seven, of a spare habit, by trade a tailor, states that on Friday last, (five days back,) while at breakfast, he felt a disinclination to eat, and nausea; soon after, his bowels became affected with slight wandering pains, and, on going to the privy, he could not evacuate any thing. He took a dose of salts, which was repeated, without producing any effect on the bowels. The symptoms increased, and some rhubarb and calomel was taken: still no evacuation from the bowels. Vomited, soon after swallowing the powder, a large quantity of a greenish and bitter fluid.

"Is now suffering greatly, tossing about in the bed, and cannot remain a moment in one position; says that he feels as if his belly will burst; cannot bear the slightest pressure on the abdomen, which is very tense. Head-ache; thirst insatiable; tongue white and coated with mucus; mouth parched and dry; acid eructations; difficult micturition; urine high-coloured; pulse full, tense, and frequent; temperature below the natural standard; cold clammy sweat; nausea, and vomiting of a greenish and bitter fluid. Has not slept for six nights; great prostration. Fiat venæsectio c̄ brachio, stat. ut sang. emittatur ad ℥x. dein applicetur scarificator, epigast. et region. umbilic. ad extract. sang. ℥xviij. Foment. calid. toto abdomini. Adhibeantur enem. emollient. omni semi-hora donec alvus bene respond. et habeat pro potu ordinario; decoct. hordei, &c.

"Two P. M.—Says that he feels something easier; thirst not so urgent. The sixth enema, on coming away, was discoloured in a trifling degree. Abdomen less tense, but painful on pressure; pulse more natural; skin cool and comfortable. Iterum appl. scarificator, toto abdomini ut sanguis extrahatur ad ℥xxx.; et continuantur foment. potus enemataque.

"Eight P. M.—Bowels have been evacuated six times since last visit: a large quantity of very fetid matter discharged, having the appearance of oil and indurated feces. Says that he does not feel any pain, but a soreness, as if his belly had been scraped inside. Pulse soft, but rather frequent; thirst moderate; urine high-coloured, but passed without difficulty. Perspires freely. Cont. potus foment. enemataque.—℞. Extract. opii, gr. ij.; Pulv. Jacobi, gr. iss. M. fiat pilula, hora somni sumenda.

"*October 24th*, morning.—Bowels have been evacuated four times since evening, evacuations more natural. Pulse regular; temperature natural; thirst moderate; tongue clean and moist. Says that he feels comfortable; has slept about four hours the last night. Cont. potus enemataque sed omitt. foment.

"*25th.*—Is convalescent.

"*25th.*—Improving. Ordered to continue on low diet for a week: arrow root, jelly, sago, light soups, &c.; and to open the bowels, if necessary, with emollient enemas.

"*Reflections on the foregoing case, by Staff-Surgeon Doyle, Bermuda.*—It is to be lamented that nothing is said by the practitioner of the idiosyncrasy of the patient; whether he was of the sanguine, bilious, or nervous temperament; whether irritable, calm, or phlegmatic; what complexion, &c.; what previous malady or affection he had undergone, &c.: for all these are of importance to etiology, and to the study of the excitation of the different organs, if, as Bordeu and Bichat have told us, all the tissues of which the animal economy is composed have each of them a peculiar mode of action; a life, in fact, peculiar to itself. This action is susceptible of aberration; and it is in this that all pathology must consist, says Broussais. Now, in order to render this important case instructive and profitable to medical science, it will be best to subject the group of symptoms which characterizes it to a rigid analysis, in order thereby to arrive at a knowledge of its true nature.

"It appears that five days before, (23d October,) this patient had a predominance of (morbid) irritation in the *stomach*, a viscus capable of exciting the greatest number of sympathies; for sensibility and contractility being distributed in different degrees in the divers tissues which make up the living organism, those which possess it in the highest degree receive the immediate action of stimulants and transmit it to others. They are, for this reason, the natural movers of sympathies. The gastric disturbance was manifested by anorexia and nausea: this disturbance is rapidly communicated to the intestines, both smaller and larger; for, the more the sensibility of the irritated organ and that of the individual are considerable, the more the sympathies are multiplied, and vice versa. This propagation of the gastric irritation into the intestines occasions the wandering pains in the bowels and the desire to go to stool. The morbid congestion having invaded the ileo-cœcal valve, the ileum cannot force its stercoral contents through it: hence costiveness and the inability to pass any feces when at the privy. The two doses of salts, taken with a view to obviate this costiveness, in place of acting as a purgative, only aggravated the distress, by causing over-excitation of the stomach and intestines. Then follow the rhubarb and calomel, which continued to add to the over-stimulation of the stomach, which, being thus excited to the highest, discharged its contents, together with the secretions of its glandular appendages, the liver, spleen, and pancreas. Hence the vomiting, soon after swallowing the powder, of a large quantity of a greenish and bitter fluid: in fact, this over-stimulation performs the office of an emetic, and thereby operates a partial revulsion of the morbid congestion. This partial revulsion procures a mitigation of the symptoms, and an alleviation of the sufferings of the patient, which lasts four days; at the end of which, the morbid sympathies, which have never been completely appeased and removed by any rational treatment, are aroused to an alarming activity, which may cause a rapid death through their excess, owing to the congestion and the disorganization of many viscera.

"On the fifth day, when the practitioner is called, he finds the patient suffering greatly, tossing about the bed, and cannot remain a moment in one position; says that he feels as if his belly would burst; cannot bear the slightest pressure on the abdomen, which is very tense: all which denotes that inflammation has invaded not only the mucous, sensitive, digestive surface of the intestinal canal, which causes tumefaction of the viscera, but it has also propagated itself to the serous membranes, particularly the peritoneum; a membrane rich in nervous expansions, and of exquisitely acute sensibility when suffering under active inflammation. Hence the tension and the impossibility to bear pressure on the abdomen. The head-ache denotes the participation of the sensorium, sympathetically irritated by the transmission to it of the sufferings of the viscera. The insatiable thirst denotes the inflammation predominating in the *ileum*;[*] for, as there are two forms under which gastro-enteritis presents itself, I shall designate them here, in order to fix the seat of this terrible malady, with as much precision as I am master of. The first form is that of predominancy of the gastric phlegmasia, which is characterized by gastric pain, by the aversion for ingesta, and the rejection of and the difficulty of supporting them. The second form is with predominancy of enteritis, or, (as I understand it,) of inflammation of the smaller intestine, (ileum;) for this insatiable thirst, and the rapidity with which the appropriated liquids are absorbed, characterize the second form: therefore I would infer that enteritis is predominating. The tongue white and coated with mucus, the mouth parched and dry, and the acid eructations, denote the complication of gastritis. The difficult micturition, and urine high-coloured, denote the sympathetic participation of the urinary organs in this rapid and alarming phlegmasia. The pulse full, tense, and frequent, denotes the sympathetic participation of the heart, which is prevented thereby impelling the blood with measured force, and has its action precipitated. The temperature below the natural standard denotes the concentration of animal heat to be all in the inflamed viscera; too much vitality for the moment in the internal, and too little in the external tissues. Same cause for the cold sweats. The nausea and vomiting of green bitter fluid denote association of gastritis. The want of sleep and great prostration denote the participation of the brain in the inflammatory suffering of the viscera.

"I have thus gone through the whole group of symptoms detailed by the practitioner, and have endeavoured to analyze them according to the views of modern physiology, as it applies to pathology, in order to fix, with as much certainty as possible, the attention of our medical brethren upon the nature and seat of a malady so fatal as that denominated dry belly-ache of hot climates.

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[*] This we suspect is an error; at least the fact requires confirmation.—*Ed.*

"The intestines have for too long a time been considered, when in a state of disease, only as conduits, more or less dirty, more or less filled with acrid irritating matters; the vapours of which, it was pretended, arose to disturb the brain. Under these views, the diseases of the intestine were reduced to two forms: first, the superabundance and the too great frequency of the dejections; secondly, the retention, the rarity, the thinness of these same dejections: in short, the two prevailing morbid states were *diarrhœa* and *constipation.* When blood was joined to the stercoral matters voided in diarrhœa, the name of *dysentery* was given to it; and, when vomiting accompanied the dejections, it was called *cholera,* and all the different shades of *lienteria, cœliac flux, hepatic flux, melæna,* &c. The pains which appeared to have their seat in the intestines were called *colic; ileus,* or *iliac passion,* when the fecal matters were voided by the mouth. The name of *tenesmus* was given to the sensation of tension referred to the anus. The presence of *worms* was added to this nomenclature; as was also the *intestinal tympanitis, hemorrhoids,* &c., and finally came *enteritis.*

"From a more correct acquaintance with this latter disease, we know that, with the exception of mechanical derangements, all the affections above enumerated, and even more, belong, directly, or indirectly, to morbid irritation, to the inflammation of these viscera; that ulceration, schirrus, intestinal cancer itself, is a consequence of enteritis or colitis. It is thus that we see daily the important part which the intestines play in the *production of fevers.* In short, the knowledge of this important fact is one of the keys to physiological pathology, that 'so soon as *local* morbid irritation arises to a certain degree, it repeats itself, and is propagated into other systems, or into apparatuses more or less distant from the primitive focus, and always without changing its nature.'

"This fact discovers the secret tie which links the slightest with the most serious maladies. It fills up an immense blank which existed in medical science from the remotest antiquity; it destroys that insulation of the divers shades of irritation, which may be regarded as the source of medical ontology; it reduces to their just value all the distinctions established by nosologists.

"In this case, so successfully treated by my friend, Mr. Barcome, I would, in place of colica pictonum, designate it gastro-entero-peritonitis; and I will venture to affirm, that, had the case terminated fatally, dissection would have shown the ravages of the inflammation to have been confined chiefly to the viscera from which I have designated it, and that the colon was but little or nothing inflamed; for it is not until inflammation passes the ileo-cœcal valve that colitis attended with diarrhœa supervenes; whereas, in the case before us, costiveness prevailed, which is the characteristic of enteritis, or inflammation of the small intestines.

"But, perhaps, one of the most important facts for medical science, to be gained from the contemplation of this case, is this, viz. that, in intestinal inflammation, local depletion, antiphlogistics, and emollients, are the real purgatives. For it was not until a reduction of the morbid congestion, effected by their means, was brought about, that any fecal matters could pass into the cœcum through the inflamed opening of the ileum; the drastics, given with a view to purge, only aggravated the inflammation, and added to the danger."—*Lond. Med. and Phys. Journ. April,* 1829.

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14. *Rare Species of Dysphagia.*—This species of dysphagia was attributed by VALSALVA, who was the first to describe it,* to a luxation of the cartilaginous appendices of the os hyoides. The disease was brought on, in the instance met with by Valsalva, by the deglutition of a hard and large substance; but in two

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* In his treatise de Aure Humana.

cases described by MOLINELLI* it was produced by strong pressure on the anterior part of the neck. A fourth case has been recently published by Dr. MUGNA, in the *Annali Universali di Med.* November and December, 1828. These, as far as we know, are the only cases on record. Whether the disease is really as rare as this would seem to indicate, we are unable to say; but even if it be so, it is proper that our readers should be acquainted with the symptoms and the proper mode of treatment, and we shall therefore transfer to our pages the account of the last case by Dr. Mugna.

A person, aged sixty, in swallowing a large piece of tendon of beef, which he had imperfectly chewed, experienced suddenly a sensation of pain, as if the piece of tendon had been arrested at the entrance of the œsophagus; the patient was quickly tormented with continual but ineffectual efforts at deglutition, not being able to swallow even his saliva or a drop of fluid. Dr. Mugna, who was immediately sent for, found the patient fatigued by his efforts to swallow, which were incessant; the pain became more and more severe; when the patient had exhausted himself by his efforts to swallow, a noise similar to that produced by air rising from the œsophagus was heard. The respiration and voice were perfectly natural, and no change was observed in the form or appearance of the throat or neck. A sound was easily introduced into the œsophagus beyond the point where the patient experienced the sensation as if the tendon was stopped. The most attentive examination with the sound could not discover any obstacle at this spot, nor was any relief afforded. The place indicated by the patient as the one where he supposed the foreign body arrested, was precisely that occupied by the os hyoides. Dr. M. being satisfied that there was no foreign body there, thought that the dysphagia was owing to a displacement of the os hyoides; he accordingly introduced the first and second fingers of his right hand into the throat of the patient, beyond the base of the tongue, and moved in different directions the os hyoides, while at the same time he kept the left hand applied to the front of the neck and upon the os hyoides. The painful sensation speedily disappeared, and immediately afterwards the patient could swallow. Two years afterwards, in swallowing a large piece of cake, this dysphagia returned, but was promptly removed by the same measures which proved successful in the first case.

The precise nature of the displacement of the os hyoides producing this disease, has not been satisfactorily ascertained.

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15. *Dropsy of the Pericardium.*—The *London Medical and Physical Journal,* for May last, contains an account of a case of dropsy of the pericardium, by F. W. WOOD, Esq. in which the pericardium contained *two quarts* of a perfectly limpid fluid. We may mention also that "the outer coat of the pericardium had a thin shining appearance, whilst on the inside were deposited layers of coagulable lymph, resembling the rugæ on the stomach of a cow. The heart was also covered with a similar deposit; its parietes were much thickened, and it appeared as if fore-shortened, the apex being pressed upwards. In the left ventricle was a portion of coagulable lymph, of a yellow sizy appearance, of nearly an ounce weight. The carneæ columnæ were much enlarged; the valves free from any apparent disease. The structure of the lungs was perfectly unimpaired."

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16. *Inflammation of the Umbilical Vein with Infantile Erysipelas.* By ROBERT LEE, M. D.—"An infant, four days after birth, was attacked with erysipelatous inflammation of both forearms, and severe febrile symptoms. Two days after the first appearance of redness and swelling of the integuments of the arms, a similar affection was perceived in those of the hypogastrium, genital organs, and upper part of the thighs. The child died on the twelfth day subsequent to birth, and was examined on the 18th of November, 1828, two days after death.

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* Comment. Bononiens. Scient. et Art. inst. Acad. Tom. V.

"The cellular tissue of the affected parts was highly vascular, and in the inguinal regions infiltrated with serum. On opening the abdomen, the peritoneum covering the different viscera was found in a healthy condition; but the umbilical vein, from the navel to the liver, was preternaturally indurated and distended. On laying it open, a yellow-coloured purulent fluid escaped, and the whole of its interior surface was found lined with a layer of closely adhering lymph: this coating of lymph extended into the principal branches of the umbilical vein, proceeding to the liver, and along the ductus venosus, as far as the vena cava. The umbilical vein and ductus venosus remained pervious, and there was no morbid appearance in the vena cava above or below its entrance. The coats of the umbilical were much more thickened than they are usually found to be at the same period after birth.

"Morbid appearances of the umbilical vein in young children, similar to those which I witnessed in the foregoing case, have not been described by any pathologist in this country, as far as I have been able to ascertain. In the writings of Gaithshore, Bromfield, and Underwood, we find little, indeed, that is satisfactory, respecting either the nature of infantile erysipelas or the alterations of structure which accompany it. That inflammation and suppuration of the umbilical vein and its branches not unfrequently occasion fatal erysipelas, or death, without any inflammation of the surface, in new-born children, I am disposed to infer, not from the preceding instance alone, but from the observations of several continental writers on the subject, and from the acknowledged pernicious effects of purulent matter when secreted within the veins of the adult.

"Professor Osiander found the lungs inflamed, and the umbilical vein, from the navel to the liver, filled with a yellow fluid, in a child who died of erysipelas a short period after birth. In the body of a child, seven days old, examined by Meckel, the umbilical vein was found inflamed, and its inner membrane covered with a layer of pus, and perforated with small ulcerations. In another child, attacked soon after birth with vomiting, colic, diarrhœa, jaundice, and fever, he found the peritoneum inflamed, and a puriform effusion in the abdominal cavity. The branches of the vena portæ, and those of the umbilical vein, were swollen, and their coats much thickened.

"M. Breschet has repeatedly observed this inflammation of the umbilical vein and its branches in the bodies of children who had died a few days subsequent to birth; and he is disposed to consider this phlebitis as the sole cause of death in many of these cases."—*Lond. Med. and Phys. Journ. May*, 1829.

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17. *Perforation of the Stomach, with Peritoneal Inflammation, where no symptoms indicative of previous Disease existed.* By John Abercrombie, M. D.—A strong and healthy-looking servant girl, aged about twenty-one, while engaged at her work between seven and eight o'clock in the morning of one of the last days of September, 1827, was suddenly seized with excruciating pain in the belly, sickness, and vomiting. About ten, she was bled ad deliquium, and twice afterwards in the course of the day. The bowels were freely moved by an enema, and she took purgative medicine which did not operate; but there was no alleviation of the symptoms. The belly became tense, tender, and tympanitic, the pulse feeble and rapid; every thing she took was vomited, and she died in eighteen hours from the attack.

Inspection.—The peritoneal cavity was distended with air, and also contained a considerable quantity of fluid, which had the appearance of the liquids she had swallowed. There was extensive peritoneal inflammation, with a coating on the bowels of puriform matter. In the middle of the smaller curvature of the stomach, there was a round opening of about one-third of an inch in diameter. At the part where it was situated, the coats of the stomach were in some places nearly half an inch in thickness, and the thickening extended in a greater or less degree over a portion five or six inches in extent. The inner surface, at the place of the rupture, presented a deep excavation with rounded and smooth edges, like a deep corroding ulcer which had cicatrized. It was fully half an inch in diameter, and a third of an inch or more in depth, having penetrated the thickened substance until it was bounded merely by the peritoneal covering; and it was this which had given way in the fatal attack.—*Pathological and Practical Researches, &c.*

18. *Ulcer of the Stomach Fatal by Hæmorrhage.* By JOHN ABERCROMBIE, M. D. —A gentleman aged about forty, had been long dyspeptic, and liable to pain in his stomach, which had not assumed any fixed or regular character; but he required great care in respect of his diet, and many articles were apt to disagree with him. He was otherwise in good health, and applying himself actively to business till Saturday, 5th November, 1825, when he was suddenly seized in his counting-house with a feeling of extreme faintness. He was assisted with difficulty to his dwelling-house, which was in the neigbourhood, and soon after vomited a large quantity of black fluid resembling ink. On Sunday he continued very sick and faint, and vomited occasionally the same kind of fluid, and he had discharges of similar matter from the bowels. On Monday he was better and walked out, but had some vomiting in the afternoon. On Tuesday he still felt very unwell, but without any marked symptom. On Wednesday he was seized with pain in the stomach, followed by vomiting of pure blood to the amount of several pounds. This was followed by extreme faintness and coldness, and the vomiting of blood returned in the afternoon. Dr. Abercrombie now saw him for the first time along with Dr. Hamilton, and found him extremely pale and exhausted, his skin cold, and his pulse very feeble. He complained of nothing but great faintness; but every attempt to rally him proved ineffectual, and he died in the night, having been again seized some time before his death with violent pain in the stomach.

Inspection.—The stomach was of immense size, but showed no appearance of disease in its structure, except at a part in the small arch about half way between the cardia and pylorus. Here a round defined portion, about the size of a half-crown piece was much indurated and about half an inch in thickness. On the inner surface of this portion, there was a small defined ulcer about half an inch in diameter, and more than a quarter of an inch in depth, and the bottom of it was occupied by a firm fungus mass of a dark brown colour. No other disease could be detected in any organ.—*Ibid.*

19. *Ulceration of the Stomach fatal by Perforation.*—A young woman, aged eighteen, had been affected for about six months with variable appetite, and occasional pain in the stomach, which made her frequently sit with her body bent forward, and her hand pressed upon the epigastric region. Little notice was taken of the attacks, as she was going about, and otherwise in good health; and for some weeks previous to the attack now to be described, her appetite had greatly improved. On the 26th November, 1824, while in a room by herself late in the evening, she was heard to scream violently; and when a person went into the room, she was found unable to express her feelings, except by violently pressing her hand against the pit of the stomach. When she was soon after seen by Mr. M'Culloch, she was moaning as if in extreme agony, but was unable to speak; the pulse was 86 and very weak; she could scarcely swallow; but soon after vomited the contents of the stomach, which seemed to be merely food she had recently taken. Various remedies were employed without relief. She continued with every appearance of extreme suffering, and unable to speak, till seven o'clock in the morning of the 27th, when she said the pain was considerably easier, but was still very severe in the pit of the stomach, and was extending downwards over the abdomen. The abdomen was now becoming distended, and when Dr. Abercrombie saw her about three o'clock in the afternoon, it was distended to the greatest degree and very tense. The pulse was extremely feeble; she was scarcely able to speak, but her countenance was ex-

pressive of extreme suffering. Nothing afforded the smallest relief, and she died about two in the morning, twenty-nine hours from the attack.

Inspection.—The cavity of the peritoneum was distended with air, and likewise contained upwards of eight pounds of fluid of a whitish colour, and fetid smell. There was slight but extensive inflammatory depositions on the surface of the intestines, producing adhesions to each other, and to the parietes of the abdomen. On the upper part of the small curvature of the stomach near the cardia, there was a small perforation of a size which admitted the point of the little finger. Internally this opening communicated with an ulcerated space on the mucous membrane, about the size of a shilling, with slightly thickened and hardened edges, and a considerable perpendicular loss of substance. The stomach in all other respects was particularly healthy.—*Ibid.*

20. *Perforating Ulcer of the Stomach, and communication with the Arch of the Colon.*—This interesting case occurred in a gentleman, aged fifty-six, who had previously enjoyed good health, except occasional dyspeptic complaints; began to feel languid, with impaired appetite, some loss of flesh, and occasional pain in the abdomen; but he was able to go about and attend to all his engagements, which were extensive and fatiguing. These symptoms had continued two or three weeks, when one day, while walking in the street, he was seized with vomiting, and the matter vomited had the odour and appearance of fæces. He felt no farther inconvenience till about a week after, when he was seized in the same manner. After this the vomiting returned at various intervals, sometimes three or four times a-day; and sometimes he was free from it for a week at a time. The matter vomited always consisted of pure fæces, sometimes so consistent that it was brought up with difficulty, until he diluted it by swallowing hot water. During the whole course of the affection, the bowels continued regular or easily regulated; the fæces varied considerably in their appearance; but that which was vomited always resembled what was passed from the bowels so closely that it was impossible to distinguish them. He never was observed to vomit food or other matters which had been taken into the stomach. His appetite continued good, and no disease could be detected by examination. He lived in this state three months, and died gradually exhausted, without any particular change in the symptoms, except that a week before his death he vomited a considerable quantity of blood. There was occasional pain in the abdomen, but not distinctly referred to any particular part.

Inspection.—The stomach was found contracted, and adhering to the parietes of the abdomen on the left side, and to the arch of the colon. At the place of the adhesion, a soft tubercular mass was formed, which seemed in general to be about two inches in thickness. The stomach appeared externally healthy; internally it showed a mass of ulceration which occupied the whole of its great curvature, and covered about one-half of the inner surface of the stomach. The pylorus and whole pyloric extremity were healthy. In the centre of the ulcerated part there was a ragged irregular opening, fully two inches in diameter, which made a free communication with the arch of the colon; and, around the opening, there was also some ulceration of the mucous membrane of the colon. The intestines in all other respects were healthy. The small intestines were empty; the caput coli was distended with feculent matter, and the colon throughout contained healthy well-formed fæces.—*Ibid.*

21. *Involuntary Periodical Drunkenness.*—M. P. who acquired, some years back, a merited reputation among the bookbinders of Paris, left that city, after many domestic troubles, which determined, it would appear, the complaint in question. He went to live at Valence, where he married anew, and continued his business with equal success, during his lucid intervals. About fifteen years ago he was driven, by a sort of internal movement, to drink wine without attention and without satiety. Before this period his life had been a model of virtue and sobriety. The unfortunate inclination just mentioned ceased, but,

since that period, he has been regularly subjected to a return of it every two or three months, and it continues about the same length of time as it did the first time. No symptoms denote the approach of the access. He never speaks of his pathological state, of which he appears insensible. The following has been his regular course of living, observed during the space of nearly two years:—When the periodical malady is coming on, M. P. naturally of a lively disposition, rises about five or six o'clock in the morning; he takes some money out of the till, and hastens into a tavern, where he drinks, without ceasing, until ten or eleven. He then returns home, tottering, seldom falling down, descends into the cellar, takes up a great number of bottles of wine, places them on the kitchen table, sits down by them, and drinks night and day. If by chance he goes to bed, he gets up, even in the dark, to go in search of wine. During the paroxysm, he never shows the least appetite, and he does not consume two ounces of food during the whole course of the access. The urine is copious, high-coloured, and sometimes depositing a lateritious sediment. During the first and second periods, he very often goes, both in the morning and afternoon, to a tavern; then he is subject to many fantasies, more or less puerile, which can only be satisfied at great expense. When the paroxysm draws towards its end, that is, fifteen or twenty days before the term of its ordinary duration, the patient no longer goes from home. He becomes reserved, passionate, and behaves spitefully to his wife. His state totally changes; he flies from the light, hides himself in the most obscure corner of the kitchen, where he always shuts himself, constantly muttering, but drinking rather less than before; and, as if ashamed of his condition, he desires to be alone. During the access, on the contrary, although tottering, and half asleep, the brain exercises its ordinary functions. He readily follows the course of conversation. During the paroxysm he entirely neglects his occupations. The invasion of the affection is sudden; its termination is also similar. It commences in the morning, and ends the same after a profound sleep. At this period the patient goes to bed towards midnight, sleeps almost naked, rises at the expiration of some hours, and resumes his occupations, as if he had quitted them the evening before, without any reference to his previous state, of which no signs remain, but a great lassitude, of the origin of which he is ignorant, and the ordinary taste of drunkards. His physiognomy changes, as does also his breath; the mussitation and continual salivation diminish; his walk becomes steady; he loses that state of approaching paralysis with which he was before affected; his speech becomes more free; his tongue insensibly loses the indications of stupor which affected it during the paroxysms; he is pale, wan, and debilitated; and all his traits are indicative of a remarkable laxity. M. P. is about sixty years of age; his present habits have greatly altered his faculties, both physical and moral; notwithstanding his age, he is of a very lymphatic temperament, and of a constitution eminently nervous and lank, though strong. The most eminent medical men of the capital, and of the neighbourhood of Valence have been consulted respecting his case; but their prescriptions have been of no avail.—*Journal des Progrès, Vol. XI.*

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22. *Case of extraordinary Universal Emphysema.* By Dr. JAHN.—"A prisoner in a workhouse at Meiningen, who had been for same time affected with dropsy in consequence of long intemperance and the meager diet allowed by the establishment, received from one of the overseers a chastisement, which next day left no other mark except an ecchymosed spot in the left lumbar region. On the second day the neck, face, and breast began to swell; and from the crepitation felt on pressure, it was evident that the swelling arose from the effusion of air throughout the cellular tissue. He made no complaint, however, and in particular his breathing was as free as usual. In the course of the subsequent night the swelling rapidly extended also over the whole head, trunk, and extremities; at the same time he was seized with great anxiety, severe cough, and a sensation as if the lungs were gradually pressed more and more upwards; and towards

morning the sense of impending suffocation became so dreadful that he entreated his attendant to give him his shoemaker's knife in order to make incisions in the skin to let out the air. In the morning, when the relater, Dr. Jahn, saw him, his state was so frightful that it appeared as if a further delay of fifteen minutes would have been enough to put an end to his sufferings. He sat upright in bed supported by the attendants. The head, trunk, and extremities were at least one-half thicker than natural. The upper eyelids projected like two bladders of the size of apples, and the eye-balls were emphysematous, and projected from the sockets; the organs within the mouth were also puffed up with air; the scrotum was as big as a hat, and the penis as thick as a stalion's. A peculiar oily sweat covered the whole integuments, which sounded when struck like a wet drum, and crackled when handled. The dyspnœa was most urgent, the respiration being exceedingly frequent, hurried, hissing, and accomplished with the neck projected like that of a horse at speed, and the hands grasping the chair convulsively. There was likewise froth round the mouth, a frequent suppressed cough, incapability of speaking, but perfect sensibility.

"A trocar was immediately thrust into the scrotum, from which an inodorous air rushed out with great force and a hissing noise, and to the patient's instant relief. The swelling rapidly subsided every where, the breathing became much easier and deeper, the patient was able to speak again and joked about his blown-up appearance. His account of his previous sufferings was that he felt the lungs gradually pressed more and more upwards, and more and more closely, then a sense of tightness in the region of the glottis and throat, and at length a feeling as if he was choaked from within outwards. As the aperture in the scrotum was insufficient for the discharge of the whole air, other perforations were made on the extremities, back, and breast. Still the air evidently continued to be pressed into the sub-cutaneous cellular tissue, and it was prevented from accumulating only by the new incisions. As soon as the patient's state of amendment would allow an examination, the chest was carefully explored, but the most diligent search could not detect any fracture, splinter, depression or curvature of any rib, or laceration of a muscle; neither did he feel the slightest pain or uneasiness internally, except tightness in the chest, which was greatly diminished.

"The antiphlogistic regimen was strictly enjoined. Next morning he was very comfortable, and his state rapidly improved. For ten days the air continued to collect a little towards night; but it was always easily removed by friction and pressure. On the twelfth day the legs were somewhat œdematous; but the œdema was soon removed by appropriate remedies. It is evident that the emphysema in this case arose from a laceration of the lungs and costal pleura."—*Ed. Med. and Surg. Journ. April,* 1829, *from the Magazin für die gesammte Heilkunde,* 1828.

23. *Case of Coma which lasted Fifteen Months.*—This extraordinary case is related by Dr. Bischoff, of Vienna, in a work recently published. It occurred in a quarter-master, at the garrison of Komorn in Hungary, æt. 42, who had enjoyed excellent health until June 6th, 1823, when he became extremely agitated, in consequence of a severe reprimand he received, and suddenly fell down, and remained in a state of complete catalepsy. This continued for several days, when he had a violent fit of epilepsy, which returned about every third day, but became gradually milder, and after three months entirely ceased. From this time he fell into a state of coma, in which he continued for fifteen months, without exhibiting any sign of muscular motion; the eyes, which had been at the commencement of this affection open, were subsequently closed, and remained so; respiration, circulation, excretion of urine and fæces, and cutaneous transpiration, were carried on uninterrupted, but with less energy than natural. The patient was nourished by liquid food: to introduce this into the mouth, the jaws being firmly closed, a tooth was broken out. Deglutition was regular, though extremely slow. All solid food was almost instantly rejected

by coughing. The treatment consisted in the use of stimulants, which produced no effect, and the patient, having continued in this lethargic state for fifteen months, was removed to Vienna. At this period, December 1st, he is represented to have been in the following state:—"Middle stature, fair complexion, and considerably wasted; the countenance was pallid, collapsed, and expressive of pain; the jaws were firmly pressed together, and the eyes were constantly closed; but when either of them was opened, the other opened also spontaneously; the temperature of the body was natural; the skin soft, flaccid, and slightly transpiring; the functions of the nervous system, and the mental powers, seemed to be quite extinct, and not the least trace of consciousness or will could be discovered; the external senses exhibited a complete torpidity towards stimuli, even of the strongest kind; intense light produced a very slight contraction of the pupil, but appeared to have no effect on the optic nerve; the strongest noise made no impression on the ear; caustic ammonia, when applied to the mucous lining of the nose, and the most intense irritation of the skin, had also no influence. All the voluntary muscles were perfectly motionless; the limbs remained in any position in which they were placed, with the exception of the left leg, which was spasmodically contracted. The organic functions were regularly, though very slowly, performed; respiration was carried on by the abdominal muscles; the pulse was between 84 and 90, small, contracted, and rather hard. The quantity of the excretions corresponded with that of the food which the patient took; the urine was scanty, and high-coloured; the bowels were very torpid, and required the use of irritating injections."

He was here treated by the daily use of the warm-bath, in which was dissolved two ounces of caustic potash, and the quantity gradually increased, repeated sinapisms to the spine, &c. without any apparent impression. Strong sternutatory powders were introduced into the nose, without any effect, and two moxas over the region of the atlas, and afterwards the actual cautery over the tuber occipitale, without producing any sign of pain or voluntary movement. These severe remedies were persevered in, and the patient gradually recovered his health. Speech, however, remained for a long time incoherent, and the organs of the senses appeared to require a considerable period before they became accustomed to external stimuli; at first even a slight sound produced a violent tingling in the ears, and daylight was intolerable to the eyes. By degrees he recovered the memory of his former life; but of what happened during his disease, he had only a very few obscure images, as of a confused dream. By May his health was restored, and continued good until January, 1827, when he was attacked with pneumonia, in consequence of exposure, which terminated in phthisis, of which he died, on the 16th of May.

Post mortem examination.—Brain healthy; pons varolii and origin of the nerves much injected; the sympathetic nerve, especially at its first thoracic ganglion, of a very white colour, and unusually large; the dura mater of the spinal column considerably injected at its cervical portion. In the lumbar vertebræ, two ounces of blood were extravasated between it and the spinal chord; the cauda equina was surrounded by an albuminous effusion; the spinal arachnoid gorged with blood; the chord itself healthy. The lungs contained very large ulcerous cavities; the heart and large vessels, as well as the abdominal viscera, were healthy; the spleen only was of greater size than usual, and the solar ganglion, with the nerves originating from it, appeared to be considerably enlarged.

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24. *Rupture of the Heart.*—A female aged fifty-eight, who appeared to be in good health, suddenly screamed out and instantly expired. On examination, the heart was found pale and flabby, and about an inch above its apex, on the left margin exhibited a longitudinal rupture, leading into the left ventricle, six lines in length, and half a line in breadth; its edges were irregular and lacerated. About three lines distant from the former there was another longitudinal rupture, which was, however, still covered by the pericardial lining of the heart.

The left ventricle was considerably enlarged; its external and internal linings were healthy; but its muscular tissue, especially round the fissures, without any appearance of fibres, and had degenerated into a soft, yellowish-white pulp. The right ventricle, as well as the large vessels was perfectly healthy.

Dr. Bignardi, of Modena, who relates the preceding case, also mentions another of a young lady, apparently in good health, who died suddenly. On examination, the cause of death was found to be rupture of a small aneurismatic tumour at the origin of the aorta. The parietes of this tumour consisted only of the internal and external lining of the heart; the muscular tissue around it was softened.—*Annal. Univers. di Med. Jan.* 1829.

25. *Disease of the Heart.*—A woman upwards of eighty years of age, who had been affected for many years with disease of the heart, was admitted into the Hospice de la Salpêtrière. She complained of difficulty of breathing and palpitations; and died in a few days after her admission. "On examination, the heart was found considerably increased in size; it was covered externally by a false membrane, which completely enveloped it, and which extended in the form of a sheath over the roots of the aorta and pulmonary artery. Thicker towards the apex of the heart than at its base, this membrane, of a reddish aspect, appeared exactly, both in consistence and colour, like a coagulum of blood, differing, however, from blood by its membranous form and well-marked vascular aspect. It had contracted no firm adhesion to the heart, from which it was easily detached, and it was separated from the pericardiac covering of the organ by a considerable quantity of fluid blood. The pericardium presented no trace of inflammation. This membrane having been removed with precaution, the heart exhibited, in the middle of the anterior surface of the left ventricle, a small fissure, and several dark-coloured spots. A probe introduced into this opening, and left to its own weight, penetrated very easily into the cavity of the ventricle, under one of the carneæ columnæ. The internal parts surrounding this aperture did not appear diseased. The spots, or ecchymoses, already mentioned, were visible on the external surface only of the heart. Each dark-coloured point which formed them, was the termination of a small canal filled with coagulated blood. These canals joined in some points, but in others they were entirely isolated, and had then less the form of a canal than that of a cavern, or of a rupture similar to that observed in the brain of persons who die from recent hæmorrhage of that organ. Besides these alterations, the heart presented a hypertrophy, with a dilatation of the left ventricle, without ramollissement of the parietes; an ossification, and, consequently, a considerable contraction of the aortic orifice. The aorta was dilated as high as its arch, but recovered its ordinary size below that part. It contained ossifications at many points of its course. The orifices of the subclavian and carotid arteries were reduced in size by several points of ossification which surrounded them." —*Lond. Med. and Surg. Journ. April,* 1829, *from La Lancette Française.*

26. *Satyriasis.*—M. Chauffard has given an account in the *Journal Universel,* for December last, of a case of satyriasis and indomitable salacity, in a man aged fifty-three years, produced by a blow on the inferior part of the occipital region. Erotic delirium, with the most libidinous acts and conversation, continued for three months. This state was followed by convulsions, afterwards paralysis of the left side, and death.

27. *Hernia of the Lungs from Tight Stays.*—A girl, aged sixteen years, applied to M. Breschet, at the Hôtel Dieu, with a tumour of variable size, when largest as big as the fist, which occupied the right side of the neck, extending from the clavicle, behind which it arose as high as the thyroid cartilage. There was every reason to believe that this tumour was formed by the upper part of the lungs forced out of the cavity of the chest by tight lacing, which prevented the lungs from dilating, except at the upper part.—*La Clinique.*

28. *Cynanche Tonsillaris.*—Dr. Watson relates in the *Medical Gazette*, for January last, an interesting case of this disease, which terminated fatally by hæmorrhage. On examination after death, it was found that an abscess had existed, which extended along the left side of the larynx, leaving the os hyoides rough and bare, and opened internally behind and below the left tonsil, and nearly opposite to the epiglottis. The lingual branch of the carotid was traced to the situation of the abscess, where it terminated by an open mouth; the fatal hæmorrhage had of course taken place from this vessel, which being involved in the abscess had been divided by ulceration. In such a case the only chance of relief would appear to be the placing a ligature upon the carotid artery.

MATERIA MEDICA.

29. *Mode of Exhibition of Copaiba.*—The following formula is recommended in the *London Medical and Surgical Journal*, for January last:—℞. bals. copaibæ. fʒij.; pulv. acaciæ, ʒij.; sacchari, ʒiij.; liq. potassæ, fʒiss.; spir. myristicæ, fʒj.; aquæ, f℥vj.; ft. mist. Dose two table-spoonsful three times a day. The efficacy of the copaiba is said to be much increased by the combination. It is apt, however, to leave a caustic taste, the mouth and fauces should therefore be washed after taking it.

30. *Anti-asthmatic Effects of the Tincture of Lobelia inflata.*—Mr. W. B. Andrews states, in a communication to the editor of the *London Medical Gazette*, that he has been for upwards of two years afflicted with an inveterate asthma, which deprived him of rest, and the spasmodic effects of which were frequent and most distressing. When he found these paroxysms coming on, he now takes fifteen drops of the tincture of the *Lobelia inflata*, which invariably gives him immediate relief, although previously to his using it, the violent coughing fits often lasted from one to two hours.

31. *New Mode of using Iodine.* By M. Pelletan.—This method, the object of which is to prevent the iodine from irritating the stomach, consists in the combination of this substance with morphium. M. Pelletan represents that he has used the following mixture in a case of considerable and obstinate engorgement of the left breast:—℞. axungia, ℥j.; proto-ioduret of mercury, gr. vj.; acetate of morphium, gr. viij.—*Nouvelle Bibliothèque Médicale, Feb.* 1829.

32. *Rhubarb Plant.*—"The plant that yields the fine rhubarb of commerce, having been long involved in obscurity, is now discovered to be the *Rheum australe;* it flowered in June last, in the collection of A. B. Lambert, Esq., at Boyton House, Wilts. The stem of the cultivated plant is from seven to ten feet high; the leaves are cordate, ample, numerous, and of a grass green colour; the flowers are smaller than in any of its congeries, and of a dark, or blood red colour; the seeds are dark red, with a highly polished surface; when bruised, they emit a powerful odour of rhubarb. It is perfectly hardy, and ripens its seed readily in this climate.

"Dr. Wallich, of the Calcutta Botanic Garden, sent over some dried specimens of the true rhubarb plant, and some seeds, from which Mr. Lambert raised a number of plants. We were informed by Mr. Anderson, of the Apothecaries Garden, at Chelsea, that he had proved the stalks of this species to be powerfully purgative, when employed in the same manner as those of the *Rheum undulatum*, in pies.

"It seems probable, that in a rich, loamy soil, we shall be able to cultivate this valuable article of the materia medica advantageously. For a fuller account, and a coloured figure of the plant, see *Sweet's British Flower Garden*, October, 1828."—*Lond. Med. and Surg. Journ. Jan.* 1829.

PRACTICE OF MEDICINE.

33. *Case of Pneumathorax in which an operation was unsuccessfully performed.* By JAMES JOHNSON, M. D.—Mr. Cornish, a surgeon, aged twenty-eight, of a scrofulous diathesis, was attacked in the latter end of November with thoracic inflammation, which he neglected. When seen by Dr. Johnson on the 20th of December, he was lying on a sofa on his right side, breathing with considerable difficulty, and frequently coughing; pain in the centre of the chest; can only lie on the right side; expectoration scanty and extremely tenaceous, but without purulency; pulse 130, sharp, wiry; skin not very hot nor dry; tongue moist; thirst moderate; right cheek flushed; urine high coloured and scanty. "On uncovering the thorax, the muscles of respiration were seen in violent action, but the breathing was principally carried on by the diaphragm. There was no perceptible difference in the size of the two sides of the chest, but a very remarkable difference in the sound emitted on percussion: the *left* side sounded louder than natural, the right sounded considerably duller than natural. On applying the ear to the *left* side, which sounded so well, little or no respiration could be heard; on listening to the *right* side, which sounded so dull, the respiration was very loud, and accompanied with much wheezing. The heart was felt beating rather to the *right* of the middle of the sternum, and no trace of it could be felt in the *left* side." Blood was taken away generally and locally, and digitalis, colchicum, and antimony were also given in powerful doses, with a view of making an impression on the circulation. But little relief was afforded by the bleeding; the blood was remarkably buffed and cupped. Dec. 21st. Left side sonorous back almost to the spine; respiration more indistinct than before; pulsation of the heart rather farther to the right; right side very dull on percussion, and the respiration very noisy and confused; metallic tinkling distinctly audible in the left side of the thorax, not only when the patient coughed or spoke, but even during every inspiration and expiration; leaving no doubt of the existence of pneumathorax. The next five or six days were consumed in the attempt to relieve the thoracic inflammation, and to promote a free expectoration, but with little advantage. On the night of the 29th of December, the patient nearly expired from suffocation, and on the next morning Dr. Johnson explained to the patient the nature of his case, namely, "that there was an aperture in the left lung, through which air was extravasated into the left pleural cavity, which cavity also contained some fluid, the precise nature of which could not be ascertained. It was stated to Mr. Cornish that the increasing collection of air was pressing severely on the right lung, that it had already pushed the heart into the right side of the chest, and that he saw no prospect of relief but from an operation."

In consultation with Mr. Lawrence and several medical men in the afternoon, December 30th, it was thought that the patient was so near death as to render the operation hazardous, if not unavailing, as it was believed that he would expire during the operation. At ten o'clock at night, however, at the earnest request of the patient and his friends, the operation of paracentesis thoracis was resolved upon as the only measure that offered even temporary relief from the dreadful state of suffocation to which the unfortunate patient was reduced. Mr. Guthrie accordingly made an incision in the anterior and lateral part of the left side of the chest, between the sixth and seventh ribs, and cautiously opened the pleura with the scalpel. Instantly, air rushed forth with a loud hissing noise. The relief was almost instantaneous. The patient turned upon his back, and breathed with comparative freedom. He was turned on his left side, but no fluid came from the wound. A piece of linen was placed over the orifice. The relief continued for some hours, and then the difficulty of breathing returned to a certain extent.

Dec. 31st. Dyspnœa considerable; left side nearly as sonorous as ever; metallic tinkling perfectly audible; wound closed. A director was introduced into the wound, and air instantly rushed out of the chest, with immediate relief, as in the first operation. A probe-pointed bistoury was passed in, and the opening in the pleura enlarged to half an inch. The pulse had fallen to 120; countenance good; skin moist; expectoration more copious, and muco-purulent. On examination of the chest after the escape of the air, no metallic tinkling could be heard. The patient took nourishment. In the evening not so well, a probe was again introduced, when air escaped with some noise. Twenty drops of laudanum were given in a saline draught.

January 1st, 1829. The patient had enjoyed several hours of tranquil sleep, the first during some weeks; breathing easier; expectoration more copious and inclining to purulency; pulse less frequent and more expanded; appetite good. He got out of bed this day without assistance, went to the commode, and had a natural motion. A cannula was introduced into the wound, and a taper held near it. "During inspiration the cannula was closed with the finger, so that no air could enter the chest; and during expiration, the finger was removed from the cannula, when a rush of air always escaped. This was continued until no doubt could remain as to the fact that part of the air drawn in by the mouth was thrown out of the wound at each expiration. This phenomenon, and especially the large quantity of air thus thrown out, proved that a considerable aperture of communication existed between the bronchia and the cavity of the pleura—a circumstance which greatly lessened the hopes of recovery. It was found that since the operation the apex of the heart beat about an inch and a half, or two inches, nearer the central line of the thorax than before. The pulsation was still, however, to the right of the line." The patient continued comfortable through the day, but at night he became greatly oppressed. The cannula was re-introduced, and with some relief.

January 2d. It was evident that the patient was sinking; he had a strong convulsion early in the day, and about one o'clock expired.

Autopsy.—Previous to the examination, Dr. Johnson, at the request of one of the medical gentlemen who were present, stated the disease to be pneumathorax, and the following to be the morbid appearances which he expected to find, namely, "a collection of air and some other fluid in the left side of the chest; collapse of the corresponding lung; aperture in the lung capable of giving free vent to air from the lung to the cavity of the pleura; displacement of the heart: probably tubercles in the right lung." On raising the sternum, the heart was found rather to the right of the median line of the chest. The left lung was collapsed to one-fifth of its natural dimensions. "The vacant space was filled with air, and about fourteen ounces of turbid serous fluid. The pleura costalis and pulmonalis presented marks of inflammation of a few weeks' standing—viz. some thin false membranes, that were easily separated by scraping with the scalpel. There were no marks of any more recent pleuritis, even in the vicinity of the wound, there being only a slight ecchymosis between the pleura and subjacent cellular tissue, for the space of a few lines around the incision. A tube was inserted into the trachea, and air blown into the lungs. The left lung expanded to a certain extent, and air was heard to bubble out. The lung was then carefully removed, and an aperture was immediately recognized at the division or cleft between the two lobes." This aperture was circular, capable of admitting a crow quill, and was evidently fistulous, and of several weeks' standing. It communicated with a very small excavation formed by the softening down of some tuberculous masses, and into this small excavation a bronchial tube was seen to enter. The left lung presented some trifling tuberculation, but was not materially diseased. The right lung was much more tuberculated; but the tubercles were principally in a quiescent state. There was no other disease in the chest.

Thus was Dr. Johnson's diagnosis amply verified, and another fact added to the multitude already existing of the value and accuracy of auscultation and percussion, as diagnostic means. Dr. Johnson thinks that had the operation been performed when the pneumathorax was first ascertained, "and when the difficulty of breathing was urgent—and had the aperture in the lung healed, as it probably would have done, his life might possibly have been saved."—*London Medical Gazette, January*, 1829.

34. *Case of Pneumathorax in which an Operation was successfully performed.* By John Davy, M. D.—In connection with the preceding case, it may be interesting to introduce a notice of one related by Dr. Davy, in the *Philosophical Transactions*, for 1823, in which the operation was successful. A soldier was sent home invalided from the West Indies, for hæmoptysis, *which had succeeded a severe fall on the left side of the chest, received eighteen months previously.* He was admitted into the Military Hospital of Chatham on the 9th of May, 1823. On the morning of the 13th, after a violent fit of coughing, symptoms of pneumathorax came on suddenly, and continued increasing till the 21st. "The most prominent of these symptoms were, a feeling of extreme tightness about the chest and abdomen; rapid and difficult inspirations, between thirty and forty in a minute; great anxiety of countenance and agitation of mind, accompanied by a small pulse of 130; cold sweats, frequently breaking out on the neck and face; considerable prostration of strength. On examining the chest, *the left side was found more protuberant, and, in all its dimensions, larger than the right;* it was tense, and, on percussion, sounded remarkably hollow and tympanitic, giving the idea of its being distended with air. The heart was found beating under the right mamilla."

Under these circumstances it was resolved, on consultation, to tap the chest, which was accordingly done in the following manner:—A trochar was attached to an empty bladder, and the parietes of the chest punctured between the eighth and ninth ribs, the integuments and intercostal muscles being previously divided with a scalpel. A little air only rushed out, and as it was concluded, from the symptoms continuing, that its escape had been prevented by adhesions of the pleura at the point which had been perforated, the operation was repeated next day. The puncture was now made just below the left papilla, when, on withdrawing the stilet into the bladder, a large quantity of air rushed out and distended it. The bladder was now separated. Air continued to rush from the chest for several seconds, "as if from a blow-pipe." When this ceased, and when the air began to pass inwards during inspiration, the cannula was withdrawn, and the wound healed. The relief to the patient was sudden and great, and he continued to improve till the 17th of June, when the account closed. No farther history of the case appears to have been published. The heart was still felt beating on the right side, and "the fluctuation of a fluid was perceptible in the left."

35. *Case in which two ounces of Sulphuric Acid was Swallowed.* By J. Orr, Esq.—A female, aged nineteen, of delicate constitution, in a fit of temporary alienation of mind, arising from hysteric sensibility, swallowed, February 4th, at half past nine o'clock in the morning, two ounces of concentrated sulphuric acid. It produced agonizing pain, occasional hysterical fits, accompanied by spastic rigidity of the muscles of the lower jaw, complete loss of speech, great and sudden sinking of the animal powers, weak and fluttering pulse, with paleness and extreme dejection of countenance. About two ounces of a mixture of carbonate of magnesia was, in a short period after her swallowing the acid, passed down the throat, part of which, however, was ejected by vomiting. A state of almost entire insensibility, with coldness of the extremities, supervened. Mr. Embleton saw her in this condition, and bled her. When Mr. Orr first visited her, which was at seven o'clock in the evening, he found "her lying in a state of insensibility and collapse, from the bleeding, but on the whole apparently much relieved. On pressure in the region of the stomach, more particularly at its cardiac orifice, she evinced a slight sense of pain; and I suggested the immediate application of leeches to the epigastric region, to be followed by a large blister on the same part. A large quantity of castor oil and a copious

enema were administered, and a decoction of linseed given as common drink. During the night she remained in a quiet state, but unrefreshed by sleep; the breathing was occasionally hurried and stertorous; and on the morning of the 5th, her pulse becoming more rapid, with increased tenderness and pain in the epigastrium, about sixteen ounces of blood were drawn from the left arm, and the oil and enemas repeated. During the night she had six or seven very copious stools, of a perfectly black colour, and highly fœtid. She slept a considerable time, and soundly, during this day, but in the evening her pulse again rose to 140, was small and easily compressed, with increased tenderness and pain in the abdomen and throat, and slight pain at the 'basis cranii." Another blister was applied to the thorax, and the tartar emetic ointment ordered to be rubbed into the neck, which occasioned considerable irritation of the external parts, and afforded the most decided relief.

"On the 6th she swallowed some arrow-root without much difficulty, and the tongue, which had become tolerably clean during the previous day, seemed to have been but partially injured, retaining the sense of taste to a considerable extent; the fauces, from being swollen and inflamed, became less painful, and many words were very distinctly articulated, and in a firmer tone. She had slight cough and sputa, mixed with muco-purulent matter, apparently from the upper part of the trachea, muscular power in that region having almost ceased since she swallowed the acid. She had two or three dejections during this day, of varied colour, but latterly more natural, and containing a good deal of bile. Pulse 131, and more equal; tongue cleaner; pain of head gone; sits up in bed, and is cheerful, and swallows with less difficulty.

"Feb. 7th.—Passed a good night; pulse 98, and firm; less pain in swallowing; very slight tenderness in the abdomen; ate some more arrow-root, and continues to drink linseed decoction, with gum Arabic dissolved in it. Had several stools of a more natural colour, and speaks with regret of her forlorn condition."

Feb. 8th.—Convalescent, and afterwards continued to improve.—*London Medical Gazette, Jan.* 1829.

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36. *On the Treatment of Intermittent Fevers by the Sulphate of Quinine, applied to a Denuded Surface of the Skin.* By Professor C. Speranza.—In a great number of cases it is impossible to administer certain remedies, either from the difficulty of swallowing or the vomiting they produce, the insurmountable disgust which they inspire, or the youth of the patient; and in some instances it is probable that the liquids of the stomach modify the remedies introduced into this organ. Under these circumstances, the employment of medicines by the endermique method offers a very valuable resource. Professor Speranza has employed in this manner the sulphate of quinine, in the treatment of a considerable number of cases of intermittent fever. He relates, among others, five cases of tertian fever, which yielded immediately to the application of the sulphate of quinine, applied upon a surface deprived of the epidermis by a vesicatory. In all the patients the fever had existed for many days, without manifest local alteration, except two, which presented gastric symptoms. Without premising purgatives, a blister was applied at once, and in most of the cases, even the day of the fever: the sulphate of quinine was applied at the end of the access, or the commencement of the apyrexia. The arm was chosen to apply the blister to, as the most convenient for dressing: the skin was rubbed well with strong vinegar, to hasten the formation of the bulla produced by the blister; immediately after the epidermis was removed eight or ten grains of the sulphate of quinine incorporated in a small quantity of pomatum was placed on the denuded surface. By employing this method, the fever has most frequently ceased after the first application, without its being necessary to make a second. Not only fevers whose primitive type were tertian, but those which had originally been continued and become intermittent, were treated in this way with success. In no case did a relapse take place, which is so common after the administra-

tion of quinine internally. In some subjects in whom symptoms of organic disease necessitated the use of evacuants or topical applications after the disappearance of the fever, this last did not reappear during the course of the secondary treatment. The application of the blister during the febrile paroxysm did not produce any disorder of the urinary organs or irritation of the neck of the bladder.—*Archives Générales de Médecine, from the Annali Universali di Med. Nov. Dec.* 1828.

37. *Remarkable Case of Abdominal Dropsy.*—Dr. Bardsley relates, in the *Edinburgh Medical and Surgical Journal,* for April last, a case of abdominal dropsy in which the patient was tapped fifty-three times in six years, and one thousand three hundred and ninety-four pints of fluid drawn off. This patient was a female, aged sixty, and was first seized with swelling of the abdomen, after being exposed to wet and cold on a journey. The belly rapidly increased in size, and at length it became necessary to evacuate it by tapping. Her general health was unimpaired; the appetite good; the bowels regular; the secretion of urine scanty; the thirst regular; no cough. The patient's death was caused by an attack of dysentery.

When the ordinary remedies in ascites have been fairly tried during a *moderate length* of time, and the accumulation of fluid increases rather than decreases under their use, Dr. Bardsley thinks that it is of the first importance to direct *immediate* tapping, as affording the only chance of cure; he says that he has had many opportunities of witnessing the bad effects of unnecessarily delaying this operation.

What is particularly worthy of notice in the preceding case is the impunity with which the operation was so repeatedly performed; and the evidence it affords of the enormous quantity of fluid that may be formed at successive intervals in the abdomen, without occasioning any material derangement of the general health, for the only inconvenience the patient suffered was from the weight she had to support previously to each operation.

38. *Ergot of Rye in Chronic Uterine Discharges.*—Dr. Marshall Hall is of opinion that the ergot possesses considerable powers in controlling chronic uterine discharges. In a very severe case of menorrhagia, alternating with leucorrhœa, of four years duration, the ergot was given in doses of five grains four times a day, beginning just before the expected appearance of the catamenia, with the effect of retarding the catamenia and suppressing the leucorrhœa. In several cases of leucorrhœa he has used the ergot with decided success. The effects of the remedy are usually perceived at the end of five days; it is recommended, however, to persevere in its use for a somewhat longer period.—*Lond. Med. and Phys. Journ. May,* 1829.

39. *On the Utility of Cold Affusion in Cases of Poisoning by Hydrocyanic acid.* By Dr. E. F. G. Herbst.—Dr. Herbst has published in *Meckel's Archiv. für Anatomie und Physiologie,* some interesting observations and experiments on the utility of the liquor ammoniæ and cold affusion in cases of poisoning by hydrocyanic acid. This preparation is the most violent of all known poisons. From experiments it appears to act principally upon the nerves; its first effect is excessive excitation of the nervous system, whose powers it speedily exhausts; followed by paralysis, muscular flaccidity, insensibility, &c. which are the forerunners of approaching death. The liquor ammoniæ diminishes the effects of this poison, especially when given immediately after the acid, or where a dose not sufficient to produce death has been taken. But should some time be allowed to elapse, or the quantity of the poison be sufficient to destroy life, the effect of the ammonia is less powerful and less certain, and for the most part unavailing. When hydrocyanic acid is given in doses which would if not counteracted prove fatal, cold affusion, only two or three times repeated, Dr. Herbst says, is sufficient to prevent its injurious effects. But, if the dose has been more con-

siderable, the affusion must be copious and frequent; yet its efficacy will chiefly depend on its prompt employment. Cold affusion can be especially relied upon when used immediately after the acid, or during the convulsive stage, even as long as the eyes are insensible and immoveably fixed, the extremities stiff and extended, and the head thrown back. To this state there succeeds general relaxation of the muscles, the respiration becoming gradually imperceptible, the pulse slow, weak, and scarcely to be felt, and in an instant afterwards death supervenes. Even at this period of paralysis, cold water recalls the vitality ready to vanish. The muscles again contract and become hard, the extremities rigid, and every thing successively resumes its natural state. The experiments of Dr. Herbst fully confirm these observations.

40. *Vapour of Iodine for the cure of Consumption.*—A letter from Dr. Berton has lately been read before the Royal Society of Medicine, respecting the employment of the above named medicinal agent in cases of tubercular consumption. This mode of using iodine appears to the author to have a double advantage—not producing gastric irritation, and being also immediately applied to the diseased part. He produces the vapour by the application of sulphuric acid to the hydriodate of potash. Air loaded with this vapour does not excite the least irritation in the throat. Dr. Berton cites three cases in which this method was productive of good effects: in two of them the cough and expectoration were diminished, and the appetite improved, in the third, although the plan had not been long adopted, the relief was evident. Dr. B. very justly observes that a greater number of facts are still required to enable us to pronounce an opinion as to the real value of this medicine.—*Journal Hebdomadaire.*

41. *Treatment of Burns by the Application of Flour.*—J. Marshall, Esq. Surgeon, recommends in a communication in the *London Medical and Physical Journal*, for April last, employment of flour as an application to burns. "This mild substance," he says, "is doubtless pre-eminent to all others hitherto in use, by imparting immediate ease to the inflamed and irritable surface; it rapidly heals by the scabbing process, in uniting with the discharge from the abraded cutis; and almost instantaneously forms a temporary semitransparent covering, thereby assisting the natural functions in restoring the epidermis. The advantage becomes evident by stopping a profuse discharge, and the tedious progress of ulceration. That remarkable substance, the animal gluten, peculiarly contained in wheat, seems in this instance to assist the rapid regeneration of the scarf-skin, and thus protects the cutis and rete mucosum. The surface of the body being wonderfully supplied by the extension of the cutaneous nerves in the form of a soft pulpy membrane, somewhat resembling the expansion of the optic nerve on the retina, readily affords, it is presumed, an explanation of the great violence offered to the system in all cases of extensive burn or scald.

"This topical remedy is equally suitable to either of these accidents, and perhaps eventually will be found useful in many other cutaneous affections. It has been recently tried by me in the case of an infant three months old, who laboured under an inflammation attended with ulceration, pouring forth an ichorous discharge: the parts affected were the lips and chin, the right groin, the scrotum, the inside of the right thigh and leg down to the toes. The result was most satisfactory: some parts healed in a few hours, and the whole surface in three or four days. The thickened state of the scrotum, although unavoidably exposed to the frequent irritation of urine, also yielded.

"When the flour has formed the artificial covering, the further application becomes comparatively superfluous; which is perceived by its rolling off."

42. *Observations on the Blood.*—The *Edinburgh Medical and Surgical Journal*, for April last, contains some interesting observations by Dr. Davy, on the question, "is the appearance of the blood, abstracted as a remedial means, a just

criterion in considering the propriety of repeating the operation of blood-letting?" He first considers the appearance and qualities of the blood, which are commonly supposed to be indicative of inflammation, and to warrant rather than forbid further blood-letting. They are chiefly the following:—An unusual degree of fluidity of the blood the instant it is drawn; unusual slowness in coagulating; and, when coagulated, being covered with a buffy coat, and cupped. Relative to these appearances and qualities of blood, experience seems to show that they are met with in the majority of cases of local inflammation, but with shades, differences, and exceptions, involving much difficulty and perplexity. 1. When the inflammation is violent, rapidly running on to suppuration, and very extensive, as attacking at the same time more than one texture, or only the same texture, but in different organs, the blood drawn is often neither cupped or buffed. This Dr. Davy has witnessed most strikingly in cases of peritoneal inflammation, either pure or complicated with inflammation of the mucous coat of the intestines, or with diffuse cellular inflammation. 2. In diffuse cellular inflammation he has often noticed that the blood coagulated as rapidly as when in health, and yet, being unusually liquid, exhibited a slight buffy coat, provided the vessel used for holding it was filled in a few seconds, and instantly put aside and allowed to remain undisturbed. 3. In ordinary cases of inflammation, as of the pleura and lungs, the blood drawn at the commencement of the disease is occasionally not buffed or cupped; but on repeating the operation the following day, the blood exhibits both these qualities. 4. In cases of inflammation of the mucous coat, whether of the air passages, or of the alimentary canal, the blood drawn sometimes shows the appearances and qualities enumerated, and sometimes not. 5. Experience does not seem to have established, even generally, any relation in point of degree between these appearances and qualities, and the intensity of the inflammation. Sometimes the buffy coat in the blood is very thick, and the crassamentum is much contracted, and the symptoms of inflammation are not violent, and the recovery is not long protracted; and sometimes the reverse of this occurs. 6. In a large proportion of fatal cases, fibrinous concretions, or polypi, as they were formerly called, corresponding to the buffy coat on blood drawn, are found in the heart and great vessels; and, as well as Dr. Davy can judge from his experience, as often when the lancet has been freely used, or only moderately, or not at all. The consideration of such facts deprives him of confidence in these appearances as indications for practice and the repetition of blood-letting, and induces him to conclude, that, as a criterion in this way, they cannot be pronounced just or safe. Dr. Davy next considers the appearances and qualities of the blood, commonly supposed to be connected with a state of the system, as it were the opposite of inflammation, and not to warrant farther blood-letting. They are chiefly, as it is supposed, a very soft crassamentum, very little, if at all, contracted, or the blood remaining liquid, or the proportion of crassamentum to the serum being unusually small. So far as he is able to judge, these appearances and qualities of the blood are not proved by experience to be connected with the state of the system supposed. 1. In the remittent fever of hot climates, and in cholera morbus, both the common kind and the epidemic, the crassamentum of the blood drawn is generally softer than natural, and little, if at all, contracted, and yet blood-letting in these diseases is not generally injurious: it is often beneficial, and even when repeated. 2. Blood without fibrin in any disease is very uncommon. Dr. Davy witnessed it only in cases of pulmonary apoplexy, and that after death, in the cavities of the heart and vessels, but so soon after death, that it may be taken for granted, that it was not a *post mortem* change; that it existed previously, and was probably connected with, and partly the cause of, the fatal effusion. In such cases no one would have hesitated, if called in time, in abstracting blood, especially taking into consideration the plethoric habits of the individuals to whose cases he alludes, and their previous apparent robust health. 3. The proportion of the crassamentum to the serum being small, may often be witnessed in acute diseases in their advanced stage, or in acute diseases supervening on chronic, of long duration, or occurring to persons of great delicacy of constitution, of feeble health, and of valetudinary habits. In such cases, no judicious practitioner would think of using the lancet, unless he considered it urgently necessary; and then surely he would not be prevented using it, even if certain of the blood being below par in respect to the proportion of crassamentum it might yield. Lastly, there is another and extensive and most important class of diseases, (were a classification formed according to the appearances and qualities of the blood,) in which the blood, as far as we have learnt from experience, is not apparently altered, as in the continued fever of summer, differing but little from the ephemera, as in the early stages of synochus; and, as in apoplexy and tetanus, and many of the diseases strictly belonging to the neuroses, in the treatment of which, blood-letting is often useful, and sometimes indispensable. These considerations tend to support the former conclusion.

43. *Chlorine in Hydrophobia.*—There was a slight error in the notice in our last number, of the employment of chlorine in hydrophobia, by Drs. Semmola and Schœnberg. They administer the solution in doses of from two drachms to one ounce, mixed with a sufficient quantity of sweetened water, three times a-day for *fifty* days. At a temperature of 60°, Fahrenheit, one part of water, in volume, dissolves two of chlorine.

44. *Angina Tonsillaris, Variolous Angina and Œdema of the Glottis, cured by Insufflation of finely powdered Alum.* By A. Laennec.—The *Revue Médicale* for October last, contains a very interesting clinical report by Dr. Laennec of the Hospital of Nantes. Three of the cases there related tend to confirm the advantages of the treatment of angina pellicularis, or those inflammations about the throat, in which coagulable lymph is poured out, by insufflation of finely powdered alum. Dr. L. states that he has used this remedy in pseudo-membranous angina, and also in simple angina tonsillaris, and that in this last it has subdued the tumefaction of the tonsils with great rapidity, and has the advantage of preventing the tendency to relapse, which he says is so common when the disease is treated by antiphlogistics alone. In the angina produced by the propagation of the variolous inflammation into the larynx and trachea, and which often proves fatal, he also particularly commends the alum suffiation. Since he has treated it by this remedy he has never lost a patient by suffocation, and has often even seen the consecutive effects of the variola become less violent as the angina ceased and the respiration become easier. Finally, he has had recourse to this remedy in a case of œdema of the glottis, and with complete success.

45. *Gonorrhœa.*—"A formula, different from any in common use, has been recently recommended in cases of gonorrhœa and gleet, after other remedies, even cubebs, have failed. It is this:—℞. Tinct. ferri muriatis, ʒj.; sp. æth. nitr. ʒvij. M. From forty to sixty drops to be taken three times a day, in distilled water. Copaiba may be substituted in the same quantity for the spirit. æther. nitr. should it be thought expedient to try that medicine.

"An exceedingly obstinate case of gleet is recorded in the eleventh volume of the *Edinburgh Medical Journal*, by Mr. Fletcher, which was cured by an injection of sea water. The patient had laboured under the complaint for two years. It was removed in ten days."—*Boston Journal.*

46. *On Small Doses of Oil of Turpentine for the cure of Sciatica and other Neuralgiæ.* By M. Martinet, M. D.—"The employment of terebinthinates, in affections of the nerves, is of very ancient date; but it is only in modern times that the essential oil of turpentine has been fairly put to the test of experiment in the neuralgiæ, of which sciatica is one of the most obstinate and intractable. M. Martinet has lately given an exposition of the results of his experience in seventy cases of Sciatica, or other severe neuralgiæ of the extremities, where

the oil of turpentine was employed, but in small doses—namely, about a fluid-drachm in the twenty-four hours, and taken at three different times. In this way, it seldom acted on the bowels; but generally produced a sense of heat in the stomach, and throughout the whole line of the intestinal canal, and occasional perspiration. A similar sensation was usually experienced in the nerve affected. The vehicle of exhibition was honey, syrup, or, what was the best of all, a mixture of syrup and calcined magnesia. The yolk of an egg is also a good ingredient in the vehicle. Where the digestive organs were very irritable, a few drops of laudanum were added. The modus agendi of turpentine in the cure of sciatica, or of any of the neuralgiæ, is quite unknown, and, therefore, we shall not waste time in discussing that point. The Resumee of our author's experience with this remedy is as follows:—

"Of seventy patients who laboured under sciatica, or other severe neuralgia of the extremities, fifty-eight were cured—namely, three by frictions, and fifty-five by the internal administration of the turpentine. Ten experienced only a more or less durable relief—and five derived no benefit whatever from the medicine. Two out of these last laboured under disease of the hip-joint, under which they ultimately sank. Of these seventy cases, forty were acute, and thirty chronic. Of the forty acute cases, thirty-four were cured—five were relieved—and one received no benefit. Of the thirty chronic cases, twenty-four were cured—two were relieved—and four remained without any mitigation of their complaints. Of the fifty-eight patients who were completely cured, thirty-four were cured in less than six days—twenty-two within twelve days—and three within six weeks. Of these fifty-eight cures, forty-eight were cases of sciatica, two of which were cured by frictions. Three were crural neuralgiæ—four were brachial—and three facial. In the ten cases which were only relieved, (all of which were cases of sciatica,) the treatment was suspended after the second day. In twenty-one cases, heat was felt along the tract of the nerve and in the limb affected; and nineteen of these were completely cured. In eighteen cases, heat was felt in the stomach and bowels. Three were affected with vomiting—but these had taken a larger dose than usual of the oil. Three had diarrhœa and colic. In five instances the urine was augmented—four had dysury or strangury. In ten instances the perspiration was augmented. In one case a degree of intoxication was produced—and in two others a pruritus was experienced over the body."—*Med. Chirurg. Rev. April*, 1829, *from the Revue Médicale.*

OPHTHALMOLOGY.

47. *Complete Inversion of the Eyelids.*—When the inversion of the eyelid is moderate, the excision of a portion of the external integument, or the application of the sulphuric acid, so as to produce ulceration of the skin of the palpebræ, which when it heals produces contraction and draws the margin of the eyelids outwards, generally affords relief. But in the more inveterate cases, it has usually been the practice to have recourse to the excision of the margin of the tarsal cartilage as recommended by Mr. Saunders. This operation, however, always produces more or less deformity; and although it removes the perpetual irritation caused by the cilia, is sometimes followed by a thickening of the conjunctiva which excites considerable irritation of the eye. It very often also produces a constant epiphora, and the delicate margins of the tarsi being removed, the functions of the lids are in a considerable degree destroyed, while the elliptical cartilaginous borders, which give that firmness, regularity, and graceful curve to the palpebræ, are mutilated and disfigured.

Some years ago, Mr. Crampton, of Dublin, proposed another operation, which has been since improved, and strongly recommended by Mr. Guthrie; and in the *London Medical Gazette*, for January last, Mr. Stratford relates three cases.

successfully treated by this method. That the reader may the more readily understand this operation, we shall select the most important details of one of these cases. A gentleman, when young, had been subject to frequent attacks of conjunctival inflammation. When seen by Mr. Stratford, he had complete inversion of both lower lids to such an extent, that not only the cilia, but even the skin of the lid was brought in apposition with the conjunctiva covering the globe. "The cilia were folded up, or bent in such a manner as to bring them in contact with the conjunctiva, where it forms the reflection from the ball to the lid, and consequently was in some degree removed from the corneal portion of the membrane. The whole lid appeared to be very considerably elongated, so that when the cilia were returned to their proper situation it formed several considerable folds, while an evident stricture was formed by the contraction of the tarsal cartilage, that made it difficult to retain the lid in its proper situation, especially if any involuntary contraction of the orbicular muscle was excited. The patient complained that the inversion of the cilia caused very considerable pain, prevented his application to study, and, indeed, made his life miserable."

An operation having been determined upon, it was commenced "by introducing one limb of a pair of scissors, (with a blunt point,) to the bottom of the fold formed by the reflection of the conjunctiva, as near the external angle of the lids as possible, and, holding them in a perfectly perpendicular direction, cut through the skin, tarsal cartilage, and membrana conjunctiva. This evidently afforded considerable latitude of motion to the lid, and being repeated at the inner angle of the inverted lid, (taking great care to avoid the punctum lachrymale and horizontal canal,) obviously freed the part from that constriction which was a chief cause of the complaint. The cilia now, in a very considerable degree, returned to their natural situation. I next seized a large fold of the skin of the lid, and cut off horizontally a considerable portion of it. This was included between the two previous perpendicular incisions: after the bleeding had ceased, I passed an armed needle through the tarsal cartilage in three situations; the two first close to the perpendicular incisions, the last in the centre between these. I then fixed the ligatures to the cheek by means of adhesive plasters, so as completely to evert the lid. A little lint, besmeared with simple ointment, and a compress and bandage were now applied, and the patient enjoined not to disturb the plasters, &c. Very little irritation was excited by the operation; the wound, was dressed daily, and the ligatures were firmly retained in their situation. About the fourth day, adhesion had evidently taken place between the cut surfaces of the horizontal wound, while the perpendicular incisions were granulating. The ligatures came away about the ninth day, when the everted lid soon returned to its natural situation, without the least inversion of the cilia. At first there appeared some disposition to permanent eversion of the lid, but this entirely subsided as the thickening of the cellular tissue of the lid was absorbed. The patient now freely expresses the very sensible relief which he experiences from the previous continual annoyance, which he purchased at the expense of a little pain, but certainly without any of the personal deformity which the excision of the tarsal margins must have produced."

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48. *Cataract completely formed in a few hours.*—Dr. Wendelstrom relates in the *Arsberättelse om Svenska Läkare Sällskapets Arbeten*, for 1827, the case of a robust peasant, aged sixty, who enjoyed excellent health, suffering only occasionally from slight attacks of gout, eye sight very good, who while felling wood, experienced a dimness of sight, which gradually increased, and within a few hours terminated in complete blindness. He had not the slightest pain or external inflammation. He was seen by Dr. W. a few days after this occurrence, at which time both lens were opaque and were extracted.

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49. *Ossification of the Vitreous Humour.*—Among the organs of sense, the eye alone presents examples of ossification. The choroid membrane is the part which

most frequently undergoes this change: in cataract the degree of induration is scarcely ever such as to warrant the appellation of bone. Haller asserts that he has seen the retina ossified, or at least an ossific lamina occupying the place of this membrane; and the same statement is made by Morgagni, Scarpa, Magendie, and Manoury.

No author, however, has recorded a genuine case of ossification of the vitreous humour. Lobstein, it is true, in his Pathological Anatomy, says, that ossifications of the hyaloid membrane are asserted to have occurred; but he cites no authority, and appears to doubt the fact. Scarpa says the hyaloid is occasionally opaque, and thicker than natural; and Morgagni speaks of it as sometimes cartilaginous. Beer mentions having found earthy matter in the interior of the vitreous humour, and occupying its place.

M. Kuhn, however, has lately met with a well marked case of ossification of the vitreous humour, the preparation of which is deposited in the museum at Strasbourg. It occurred in a man aged seventy, who had died of inflammation of the stomach. The left eye was healthy, but the right eye was in the following state:—The globe had sensibly diminished in size—it had lost its spherical figure, and presented the appearance of four furrows or wrinkles, which corresponded with the insertion of the recti muscles: it was heavy, and felt hard. When a horizontal incision was made from behind forwards, the sclerotic was found to be very thick, particularly at its posterior part, near the entrance of the optic nerve: the instrument was soon arrested by a hard body, filling the whole space of the eye-ball behind the crystalline lens, and consequently occupying the place of the vitreous humour. Immediately within the sclerotic was the choroid membrane distinct, and rather thicker than natural. The retina was unchanged. The solid body within was marked by the same depression which had been observed externally; it was of a pale white colour, and was internally of a cellular texture, like the cancelli of the long bones. The crystalline was indurated, and of a yellowish white colour; the optic nerve was wasted.—*La Clinique.*

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50. *On the Operation for Cataract.*—Dr. Zeuschner, in a long paper in *Rust's Magazin*, for 1827, offers as the result of extensive experience, some new views respecting the operation for cataract by extraction. Although we are by no means satisfied of the correctness of these views, yet as they are presented in an imposing manner, being founded on extensive experience, we think it our duty to lay them before our readers. According to Dr. Z. the success of the operation of extraction of the lens, depends chiefly on the following circumstances. 1st. The operation should be performed on a dull day, or in a room open to the north, and not much exposed to light; this will he says sufficiently dilate the pupil. The customary method of effecting this by the application of narcotics, produces sometimes paralysis of the iris. 2d. After the removal of the lens, attention must be paid to remove the air bubbles which may have entered into the anterior chamber during the operation, and which may be effected by means of Daviel's spoon. This Dr. Z. considers very important, for if neglected he says the air bubbles are confined behind the cornea, and expanded by the animal heat, causing traumatic inflammation, which destroys the eye. 3d. The eyelids must not be closed after the operation by plasters; but the lower lid should be drawn down, which he effects by applying one end of a strip of adhesive plaster to the edge of the lid, then drawing it down, and applying the other end to the cheek. The supposed advantage of this is, that the tears and the aqueous humour may flow from the eye freely, and that it enables the surgeon to remove the plastic matter, which forms during the healing process from the cut edges of the cornea, and which, if not removed, acts as a foreign body, frequently occasioning inflammation. The objections that may be urged against this practice, viz. that it gives rise to a prolapsus iris, and the evacuation of the vitreous humour is, Dr. Z. asserts, entirely groundless. The upper lid, when moderately closed, prevents this sufficiently. Dr. Z. says that he has operated in this

manner on several hundred patients with the greatest success, and can prove this by credible witnesses. It is proper to add, that Dr. Z. is esteemed in Germany as a man of great integrity, and his opinions are valued as high authority.

SURGERY.

51. *Compound Fracture of the Olecranon.* By H. Earle, Esq.—Anchylosis frequently follows compound fractures extending into joints, and a most important practical question therefore arises, in what position such a fracture as occurred in the following case, should be placed? "A choice of evils presents itself to the practitioner—whether the limb should be placed in the extended position commonly employed in simple fracture of this part, by which the fractured surfaces may be closely approximated; but in the event of suppurative inflammation, the joint may become immoveable in a position which renders it nearly useless?—or whether the limb should be bent to a right angle, by which the fractured ends would be widely separated, but in the event of anchylosis, the limb would be useful for all the common purposes to which it is applied?"

Mr. Earle presents the following case as a good practical illustration of the propriety of attempting to unite the bone in the position most favourable to adaptation, and at the same time combating all the inflammatory symptoms with the most active treatment. Should the inflammation, however, continue, and the discharge clearly indicate extensive ulceration of the cartilages, Mr. E. thinks that it would be the duty of the surgeon to place the limb in such a position as would be most serviceable in the event of anchylosis taking place.

A man aged twenty-three, was admitted into St. Bartholomew's hospital, on the 1st of December, with a compound fracture of the right olecranon, produced by a blow on the elbow, from a poker, while in the act of raising his arm to defend his head. A small artery was divided, which bled very profusely. When admitted into the hospital, the olecranon was slightly retracted to the upper part of the posterior fossa of the humerus. The wound was accurately closed, and the hæmorrhage readily restrained by a compress. The external wound was rather below the seat of the fracture. Mr. Earle visited him a few hours after his admission, "at which time the olecranon was not in the least retracted, though it could be moved laterally in its proper cavity. The arm was placed on a pillow, extended to about an angle of 160 degrees, and was enveloped in cloths wetted with the coldest water. Cal. gr. iv. pulv. jalapæ. gr. xv. were given to him, and the strictest rest and an antiphlogistic regimen enjoined.

"On the 2d, extensive swelling and inflammation of the whole arm had taken place, with great pain in the joint. He was bled from the arm, and 30 leeches were applied round the joint. The cal. and jalap were repeated. As he complained of the cold applications, warm fomentations were substituted, from which he experienced much relief.

"3d.—The swelling was somewhat reduced, but he complained of excessive pain in and about the joint, and he had frequent convulsive twitchings in the arm, which disturbed his rest. A long splint was applied in front of the arm, with an additional pad at the flexure of the elbow, to maintain the exact degree of flexion which I have found best adapted to these cases, and which I have particularly advocated in a paper on this subject published in 1823. The wound had not united, and discharged a thin fluid resembling synovia. The bursa over the olecranon was much distended with fluid, and around this the integuments were very shining and inflamed. Being apprehensive of extensive cellular inflammation, which so frequently attends on suppuration of the bursæ, I made a free incision, and let out about half an ounce of turbid fluid. This afforded great relief, and there was no further irritation from this source, the wound readily healing in a few days. Thirty more leeches were applied round the joint.

"4th.—He still complained of much pain in the joint, which continued to pour out turbid thin synovia in abundance. Thirty more leeches were applied in the morning, and twenty again at night, and the limb was constantly fomented. His bowels were kept open, and fever diet continued.

"On the 6th the swelling and inflammation were much reduced; the discharge continued very abundant.

"From this day until the 10th he continued to improve, and could bear the surfaces of the joint to be pressed gently together, and the radius to be pronated and supinated without any increase of pain. On this day, (the 10th,) some purulent matter was mixed with the thinner discharge of synovia. I had constantly watched the appearance of the discharge, having determined, if a copious purulent secretion took place, accompanied with obstinate inflammation in the joint, indicating ulceration of the articular cartilages, that it would be right to disregard the separation of the broken bones, and to alter the position of the limb to a state of more perfect flexion. The puriform discharge was, however so small, and the inflammatory action had so much subsided, that I did not consider it necessary to make this alteration.

"The discharge from this time gradually diminished, and the wound closed in about three weeks from the receipt of the injury. During this time he had twice a return of pain in the joint, but this readily yielded to the application of leeches. Slight passive motion, particularly of the radius was commenced about the twentieth day, and gradually increased. The olecranon has united so firmly and perfectly, that it requires a most accurate examination to detect the line of fracture. He has at present the power of perfectly extending the arm and bending it to a right angle, and he is daily gaining freer motion and greater power in the joint. In supinating the radius with the arm bent, a slight grating sensation can be perceived, which causes some pain, which probably arises from partial absorption of the cartilage."—*London Medical Gazette, Jan.* 1829.

52. *Sinuses in the Region of the Pelvis.* By JAMES SYME, Esq.—Obstinate sinuses are met with no where more frequently than in the region of the pelvis. Those which remain after the opening of abscesses depending on carious vertebræ, or caries of the hip-joint, are incurable, and being of common occurrence have led to the opinion that little can be done for the remedy of any sinus thus situated. Mr. Syme has published, in our respected cotemporary the *Edinburgh Medical and Surgical Journal*, for April last, the histories of four cases, which show that the sinuses in question sometimes depend not on caries, but on death of bone, which exfoliating in some part of the pelvis far from the surface, causes continued irritation by the presence of the loose portion. Hence it is proper, in the treatment of all sinuses in this part of the body, not obviously proceeding from caries, to search for such exfoliations, and remove them if they are found to exist. We select the second case.

A cooper, aged twenty-eight, about seven years before he was seen by Mr. Syme, after long and severe exercise of the muscles of the thigh, perceived a sense of uneasiness in the right hip. Soon afterwards a collection of matter formed here, and was evacuated by a surgeon, who informed him that he laboured under a *fistula in ano.* "Having undergone various incisions, &c. he was told that his complaint was not a *fistula in ano*, and would require time for its cure. He then applied to a quack, who tortured him in various ways too tedious for description. Returning to the regular faculty, he employed a distinguished surgeon of Edinburgh, who opened some large abscesses which formed in the thigh lower down than the original one; but finding that his complaint, though alleviated, was not cured, he determined to abjure all surgical interference for the future, and leave the affair to nature. In conformity with this resolution he permitted the disease to take its own course for several years, working at his business when not prevented from doing so by pain, &c. At last, about two months before the time I saw him, his sufferings became so excessive as to induce a departure from his plan, and he sought the assistance of a surgeon who had attended him in an early stage of his case. This practitioner found a piece of bone sticking at the orifice of a sinus and removed it; but having ascertained that there was more to come away, he tried to dilate the opening by sponge tent. The patient, in consequence suffered more than ever from the pressure of the sponge and confinement of the matter. On one occasion the tent slipped in, and required an incision for its removal, which naturally suggested to the patient that the bone might have been more easily extracted in the same way; but such a proceeding not being, I suppose, in accordance with the rules of *systematic surgery*, the tents were persevered in, until the patient, reduced to despair, determined on a change of men if not of measures, and applied to me.

"I found a large diffused abscess occupying the upper and back part of the thigh, and extending from the hip half way to the knee. In the fold which lies between the hip and thigh there was an opening, which allowed the probe to enter fully three inches in the direction of the tuberosity of the ischium, and at the bottom of this passage I felt a loose piece of bone. The patient was pale and emaciated. Owing to weakness and pain he walked with difficulty; and the long duration of his complaint, together with its progressive aggravation, rendered him very desponding as to the possibility of recovery.

"I made an incision into the abscess, and allowed several ounces of pus to escape. Next day I introduced a long straight probe-pointed bistoury into the sinus, and dilated it to the bottom so as to admit my finger, by means of which I discovered that the exfoliation lay in a cavity between the origins of the flexor muscles of the knee. Having dilated the mouth of this cavity with my knife, I easily extracted the bone, which was about the size of half a sixpence.

"The patient suffered no bad consequence from this operation, and soon found himself relieved from all his previous complaints. In the course of two or three days he walked nearly a mile to my house, and by the end of two or three weeks was able to resume his occupation.

"Some months afterwards he told me that the sinus still discharged a drop or two of matter, and that he occasionally felt a pricking pain at the bottom of it. I examined with a probe, and ascertained that there was a loose fragment of bone, to remove which I again dilated the sinus down to the tuberosity of the ischium; again felt that the exfoliation lay in a cavity between the tendons; and again enlarged the cartilaginous orifice so as to effect the extraction. The piece of bone now removed was extremely small, not much larger than a barley-corn. The wound healed directly, and the patient has remained free from complaint."

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53. *Case in which the operation of Lithotritie was Successfully Performed.*—We are happy to learn from the April number of the *Edinburgh Medical and Surgical Journal*, that Robert Liston, Esq. of Edinburgh, has successfully performed, in the Royal Infirmary at Edinburgh, the operation of lithotritie. A man, aged seventy, had been for five months labouring under the symptoms of calculus, and the existence of a stone was ascertained by sounding. As the patient had a great aversion to being cut, and as his urine seemed to indicate a diseased state of the bladder, it was thought advisable to break down the stone in preference to the usual operation.

"On 13th November, a solution of opium having been injected into the bladder, Mr. Liston introduced Civiale's instrument, but owing to the restlessness of the patient, and the irritable state of the bladder, did not succeed in grasping it completely. Several small portions of stone, however, came away in the fangs of the instrument, and during the night. He suffered no inconvenience from the operation. On the 15th he passed a barley-corn incrusted with calcareous matter. On the 16th, a piece of straw with the same incrustation. He complained of pain in the testicles. On the 18th, a small abscess having formed in the scrotum was opened.

"The instrument was again introduced on the 25th. The stone was fairly laid hold of, but was so soft that it was crushed by the instrument, on withdrawing which several fragments of seeds were found adhering. He now confessed, that, while reaping during the last harvest, he had introduced a number of barley-corns into his urethra, but would not say for what purpose.

"The patient had repeated attacks of retention of urine after last operation, from the large portions of stone lodging in the urethra. He passed in all thirteen fragments having entire barley-corns for their nucleus, besides a much greater number having only small pieces of the beards. He had now little pain, and the quantity of mucus in his urine was inconsiderable. He was sounded several times, and, as nothing was felt in his bladder, he was dismissed cured, on the 16th December, 1828."

54. *Œdema of the Glottis relieved by Tracheotomy.*—A woman aged forty-two, entered the Hôpital de la Charité, January 25th, with dyspnœa, hissing respiration, and the usual symptoms of angina œdematosa; skin hot; pulse 140. "Sixteen ounces of blood were taken from the arm, and immediately followed by the application of leeches to the neck. The next day the symptoms were relieved, although the pulse still continued very frequent. M. Chomel, on examining the throat, perceived that the epiglottis was red and swollen, with some white spots on the left side; and it appeared now to have become a question whether the case was one of œdematous angina, or of false membrane. An emetic was ordered, but without exciting vomiting, and forty leeches were applied to the throat. For the next two days the symptoms continued without any material change, but on the third the respiration became more difficult than hitherto, being sonorous during expiration as well as inspiration. Another large bleeding, and the application of leeches, were once more had recourse to, but on this occasion without benefit. The difficulty of breathing gradually increased, and by five o'clock in the afternoon suffocation appeared to be impending. M. Chomel sent immediately for M. Roux, when it was agreed to perform the operation of laryngotomy. The incision was made in the interval between the cricoid and thyroid cartilages, and continued down to the membrane. A vessel, apparently a vein, bled so freely, that M. Roux was obliged to suspend the operation, with a view of tying it. The patient, however, who up to this time had breathed with difficulty, now ceased to do so, the pulse was lost, and life appeared extinct. M. Roux, regardless of the flow of blood, instantly plunged the knife through the crico-thyroid membrane, making a large opening, into which, however, the blood only flowed, and the chest still remained without movement. M. Roux then introduced a sound, and repeatedly forced air from his own lungs, and drew it out again with part of the blood. After this artificial respiration had been kept up for a few minutes, the patient made a slight movement, and natural respiration was gradually restored; the sound was removed, and a silver canula introduced in its place, sufficiently large to fill up the aperture in the larynx, thus preventing the blood from being able to flow into it. On the 12th of February, a fortnight after the operation, the patient had begun to breathe by the larynx, the wound in which, however, was still kept open."—*Lond. Med. and Surg. Journ. April,* 1829.

55. *Case of Hernia, in which a Fold of Intestine was contained in a Sac between the Abdominal Muscles and the Peritoneum.* By Henry Earle, Esq.—A strong healthy man, aged thirty-five, had been ruptured on both sides when about five years old, in consequence of a heavy boy sitting down on his abdomen, when he was lying on the floor: both herniæ had protruded very suddenly and at the same time. He had constantly since he was ruptured worn a double truss, and conceived that he had always been able to return the herniæ. On the morning of the 18th November, 1828, "on lifting a heavy weight, he felt a pain in the right hernia, the truss being on at the time. No sensible external swelling could be felt at the moment, on removing the truss. The pain conti-

nued increasing throughout the day, and was aggravated on attempting to empty the bowels. Gradually the swelling took place, or, as he supposed, the hernia descended; and, as he could not replace it, he sent for his medical attendant very early on the morning of the 19th. Bleeding, purgatives, and the taxis, were employed in vain; and, as the abdomen was becoming very tender, accompanied with vomiting and constipation, I was requested to see him. On examination, the tumour, which was about the size of a hen's egg, was not very tense, and, on very slight pressure, part of its contents receded within the abdominal ring, but immediately returned on remitting the pressure. As the symptoms were very urgent, I recommended an immediate operation. On laying bare the hernial sac, it was at once apparent that no stricture existed at the external ring, which readily admitted my little finger before the sac was opened. On opening this cavity, a considerable quantity of reddish turbid serum escaped, and the sac collapsed, without any omentum or intestine being apparent. On passing my finger through the external ring, within the sac, I found a large fold of very dark-coloured intestine, to the extent of about seven or eight inches in length, curled round behind the abdominal muscles, and separating them from the cavity of the peritoneum. The space occupied by this portion of gut extended nearly to the symphysis pubis in one direction, and outwards for some distance towards the internal ring, below; the sac and its contents rested on the external iliac vessels. It required some time and consideration satisfactorily to make out the nature of the hernia, and the plan required for its return. As the external ring was very large, I brought out the coil of intestine, after dividing the whole extent of the external portion of the sac. I then found that the hernia was a direct hernia, the spermatic cord lying on its outer side. At the full extent of my forefinger, introduced through the external ring, I could feel the neck of the sac very closely surrounding the gut—so closely, that I could not succeed in drawing down any fresh portion of intestine. Much caution was required in dividing the neck of the sac, in consequence of the very turgid state of the gut within the ring; and I experienced considerable difficulty in consequence of the curved form of the common hernia knife, which would not admit of my employing it with safety at so great a depth, without dividing the external ring to some extent. This difficulty would have been readily overcome if I had been prepared with a narrow straight knife, made on the same principle as the common probe-pointed hernia knife; which I could with facility have carried down to the stricture, with its flat surface in contact with my finger. After freely dividing the neck of the sac, and drawing down a fresh portion of gut, I was enabled to return the whole; when the circumstances of the peculiar nature of the hernia became still more evident, as there remained a large cavity behind the lower margin of the abdominal parietes, the peritoneum being pushed up by the hernial sac. The course of the spermatic cord, and the epigastric artery on the outer side of the hernia, could be distinctly felt, and the iliac vessels below could be traced for some distance. It was necessary to employ a very large compress to fill this cavity and prevent the escape of the gut. The patient was directed to take only a few spoonsful of gruel occasionally, and to have clysters thrown up. In the evening some leeches were applied round the neighbourhood of the hernia. Stools were procured before morning, the patient had no bad symptoms, and recovered in the course of ten days."

This hernia appears to have been produced by the direct application of pressure on the abdomen, and to have taken place through the external ring, without descending along the course of the spermatic cord. The patient was in the constant habit of wearing a truss, and when protected with this he was able to carry very heavy loads. Mr. Earle thinks it probable that the neck of the sac became contracted, and the pad of the truss not permitting the escape of the gut through the external ring was the cause of the hernia diffusing itself between the peritoneum and abdominal parietes. When the gut first became strangulated there was no external tumour, which gradually formed on removing the truss, in consequence of the effusion which took place within the sac. "This explains the slight degree of resistance afforded by the tumour, and apparent recession of a part of its contents within the abdomen—a deceptive circumstance, well calculated to mislead, and to induce a practitioner to delay an operation." But Mr. Earle adds, experience has long since convinced him that there is little danger to be apprehended from the operation, when performed in time. In 1828, he states that he has "operated on nine cases, and did not lose a single patient, and in not one of these cases would it have been possible to have returned the hernia without operation, whilst, in some of them, a very few hours delay must infallibly have proved destructive."

The surgeon should always ascertain, by introducing his finger, that the gut is actually replaced in the cavity of the peritoneum, as it is possible that there may exist a sac behind the external ring between this and the peritoneum, and that the neck of this sac may constitute the stricture.—*London Medical Gazette, May*, 1829.

56. *On the Reduction of Hernia.* By M. Dupuytren.—The means of reducing hernia are various, and more or less efficient. The application of the hand, or taxis, is the most methodic and advantageous; it is modified according to the kind of hernia, its size, and other circumstances. Among the empirical methods adopted for the same purpose, there is one which approaches to this. The patient being laid upon his back, the feet are raised as high as possible, leaving the head and shoulders upon the ground; the weight of the viscera in the abdomen acts upon the portion of bowel in the hernia, dragging it towards the interior, sometimes effecting the reduction. Here there is a mechanical action, not from without, inwards, as in the taxis, but in an opposite direction. Various topical applications are made to strangulated herniæ; some of these, as cold water, &c. are intended to diminish the volume of the parts in the sac. The action of cold produces several effects; it increases the tone of muscular parts, often, indeed, giving rise to sudden contractions, capable of overcoming the obstacle which has been opposed to the passage of the intestinal contents; so that strangulated herniæ are sometimes speedily reduced by the affusion of very cold water. Ice, applied with perseverance, condenses the liquids and gas, and thus also facilitates their return into the abdomen. Other local applications appear intended to act upon the secretion of the mucous membrane of the part; such as cataplasms of senna, gratiola, &c. These are asserted to have good effects in the cases of elderly persons, in whom it is well known that the slowness of the peristaltic motion more frequently occasions overloading than actual strangulation; a circumstance which must be kept in mind, that we may not trust too much to these measures where the patient is young, and the case one of genuine incarceration. As experience has demonstrated that the manner in which purgatives act is by facilitating the expulsion of the contents of the hernia, it may be asked why more active substances are not employed; for example, the croton oil?

The nausea and vomiting so frequently present in such cases, does not always contraindicate the use of purgatives, as they sometimes succeed when more methodical treatment has failed. With regard to enemata, they ought never to be omitted unless there be evident symptoms of inflammation.

Some local applications are intended to produce relaxation at the point of strangulation; thus the extract of belladonna has recently appeared to produce good effects in the hands of M. St. Amand.

The rapid sinking of the patient frequently produces the relaxation favourable to the reduction of the hernia. This is effected by means of copious general bleeding; the application of leeches to the tumour; and long-continued immersion in a warm bath; means which in general are not employed with sufficient energy. These observations show, that the operation is not the only resource in such cases; but it is a very important point that the operation be not delayed after its necessity has become obvious. A consideration of all the circumstances can alone lead to a satisfactory conclusion. The following case will show that at the Hôtel Dieu other means are tried before operating.

"A woman, aged fifty, had laboured under crural hernia of the right side for more than ten years. It frequently became obstructed; but repose, the horizontal posture, and the taxis, had always sufficed to restore it. On the 24th of February, after some efforts to carry a load, the tumour suddenly became the size of a small egg, and symptoms of strangulation manifested themselves with violence. The usual methods to produce reduction were adopted without avail. Next day she was brought to the hospital, when she was bled from the arm, the tumour covered with leeches, and she was put into a warm bath, where she remained nearly two hours. At the end of this time faintness came on, when the 'interne' took the opportunity of applying the taxis, by which means he entirely reduced the hernia."

M. Dupuytren stated, that at the Hôtel Dieu they succeeded in reducing only one-third of the herniæ brought to them, while in civil life at least two-thirds were reduced. Among the causes of this difference, the principal is, that those cases in which reduction has already been attempted without success are generally sent to the hospital. In the better ranks of life the causes of strangulation are much less frequent; the patients much more ready to call in assistance. If we are in haste to operate on such individuals, some of those who die might possibly be saved; but at the same time we run the risk of practising an operation which is not called for. Besides, there is never more than twelve hours between each visit; and it is generally in this interval that reduction takes place. Prudence, therefore, requires that we ought not to be in too great haste: and experience proves that gangrene of the intestine neither comes on so easily nor so soon as is generally said. We are now less imposed upon by the brown colour which the organ assumes in consequence of the constriction; and knuckles of intestine are now replaced in the abdomen, the appearance of which would formerly have been regarded as indicating the necessity of establishing an artificial anus. It is necessary, then, to multiply the means of reduction; to persevere as long as possible in their employment, and only to despair of their success when the continuance of the local mischief, and the increase of the general symptoms, give rise to well-grounded apprehensions.—*Clinical Lectures of M. Dupuytren, La Clinique.*

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57. *Secondary Hæmorrhage.*—Mr. Hodgson, in his valuable work on the Diseases of the Arteries, observes that secondary hæmorrhage occurs at two periods after the application of a ligature to an artery:—either within a few hours after the operation, or between the sixth and the thirtieth day, when the ligature may be expected to be detached from the vessel. A case of aneurism of the posterior tibial artery is related in the *Midland Reporter*, in which the femoral artery was tied; in this instance secondary hæmorrhage did not occur until the forty-second day from the operation, and twenty-four days after the ligature had come away. Dr. Johnson mentions, in his Journal for April last, that he has seen a nearly similar case. It was that of a patient with popliteal aneurism, whose femoral artery was tied in the thigh. "In twenty-one days the ligature came away, and a *fortnight* after that uncontrollable secondary hæmorrhage occurred. The common femoral was then secured, and *thirteen* days exactly after the separation of this second ligature, secondary, and ultimately fatal, hæmorrhage ensued."

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58. *Ununited Fracture of the Femur, successfully treated by the Seton.* By Dr. DOHLDORF.—This case, which is related in the Report of the Medico-Surgical Institution at Madgeburgh, was that of a man aged twenty-four, of very healthy constitution, who broke his thigh-bone near the middle. At the end of ten weeks, no union having taken place, bandages, splints, and a variety of remedies were tried, but these failing, he was, in September, admitted into the Medico-Surgical Institution, under Dohldorf. On the 3d of October, Dr. D. intro-

duced a seton between the ends of the bone, this was followed by so considerable a degree of inflammation, that it was found necessary to remove the seton on the 11th; suppuration was very profuse, and a great many fistulous abscesses formed beneath the muscles, so that the success of the operation, and even the life of the patient, was despaired of: at the end of a month, however, reunion of the fracture began to take place; the wound from the operation, and the abscesses, healed, and at the end of December, a very firm callus had formed. The deposition of the bony matter, which, from this period became too copious, was diminished by compression; and at the beginning of May, both limbs were of equal length, and, except a slight muscular weakness in the limb, the patient was perfectly cured.

59. *Extirpation of a Cancerous Tumour situated in the Interior of the Rectum: Cure.*—M. Maurin, adjunct surgeon to the Hospital of Versailles, has peformed this operation successfully upon a person thirty years of age, who had suffered from the disease six months, and in whom the touch manifested a tumour in the rectum, of an oval form, and about three inches above the anus. It was hard, irregular, ulcerated, moveable, accompanied with severe lancinating pains, and formed a very great obstacle to defecation. The sphincter was cut at its posterior part to the extent of five or six lines, by means of a curved probe-pointed bistoury, directed by the index finger into the anus. The tumour being seized with hooks was by gentle and gradual means drawn outside, and its adhesions cut with scissors curved flatwise. The tumour, having an oval form, a little flattened, was above two inches in length, ulcerated at its unconnected surface, and apparently arising from the thickest part of the mucous membrane, since there was no portion of muscular coat upon the part excised. An abundant hæmorrhage followed the operation, which, however, was arrested by plugging. The bleeding removed the tendency to inflammation which appeared, and in about two months the patient left the hospital perfectly cured. Care was taken in the dressings subsequent to the operation, to introduce a large tent of lint into the intestine.—*Nouvelle Bibliothèque Médicale, February,* 1829.

60. M. Lisfranc's *Treatment of Elephantiasis.*—This consists, 1st, in reducing the nourishment one-fourth part, then a third, and, finally, one-half: 2nd, in the employment of blood-letting, or application of leeches. Antiphlogistics persevered in until the inflammatory symptoms are entirely dissipated. After this, he has recourse to compression. When these means do not succeed, he applies numerous vesicatories, or resorts to scarifications, making one hundred at a time. In one case, the number of these amounted to three thousand.

But to insure success it will be necessary to use great numbers of leeches every time that inflammation supervenes. If this inflammation be of the erysipelatous kind, it must be left to run its course, at least if it be not too violent, (in which case leeches and antiphlogistics will be required,) since experience has shown that this form of inflammation is favourable to the resolution.—*Ibid.*

MIDWIFERY.

61. *Expulsion of the Placenta, Three Months after Abortion.*—Mr. Thornton relates, in the *London Medical Gazette,* for February last, an instance of this, which occurred in a lady who aborted at a little beyond the fifth month. The placenta did not come away with the embryo. The lady continued in an indifferent state of health for the next three months, when, after taking a ride on horseback, she was attacked with slight pains and a uterine hæmorrhage, which were followed by the expulsion of the placenta. It weighed seven ounces; substance hard; shape and size of a good pear; appearance dark and livid. The

following spring the lady became again pregnant, and has since had several children, and enjoys good health.

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62. *Delivery of a Fœtus through the Abdominal Parietes.* By Dr. Muller.—"A female, thirty-three years of age, feeble in constitution, and of middle stature, in the advanced stage of her first pregnancy, fell from the height of a story on a stair. After recovering from the fainting fit, which was the cause of her fall, she felt violent pain in the lower belly, and had considerable uterine hæmorrhage. These affections were removed by antiphlogistic treatment; but left her in a state of extreme debility. Four weeks after the accident she was seized with severe contracting pains like those of labour; and on manual examination, it was found that the *os uteri* was puffy and open. The apparent labour, however, did not make any progress. There was at the same time a copious discharge of sanguinolent mucus, constant sickness, extreme prostration of strength, hurried pulse, general paleness, and uninterrupted perspiration. The patient had never observed any movement of the fœtus after she met with the fall. Several days having been passed in these unfavourable circumstances, an inflammatory tumour suddenly appeared in the region of the umbilicus, accompanied with most acute pain and an intolerable sense of burning. The passages continued moist, but the *os uteri* did not increase in openness. Seven days after the false labour pains appeared, the tumour opened and discharged a moderate quantity of fetid pus. In the course of the same day, when the aperture had attained the diameter of an inch, the hip of a fœtus presented itself. This was in so advanced a state of putridity, that it was easily separated from the body; but it was with difficulty extracted from the opening. The thigh and foot followed, and after them the chest, of which the ribs, sternum, and clavicles were successively removed with a pair of lithotomy forceps. The arms were next extracted, then the bones of the head, after being broken down with the crotchet; and, in short, every bone of the fœtus was withdrawn from the same opening. A slimy membrane, and a light, spongy, cheesy mass in small portions of various sizes, consisting evidently of the placenta and membranes, were in the last place separated. During the progress of this extraordinary delivery, which lasted two hours, the uterus contracted occasionally with considerable force. The patient suffered much from the irritable state of the abdominal aperture. The sore was dressed with dry lint, after an injection had been used of tepid water and chamomile infusion, *which passed through the vagina.* The lochial discharge flowed partly through the natural passage, partly through the aperture in the abdomen. Under the use of generous diet, the patient, notwithstanding her unpropitious condition, gradually recovered. The discharge, which had at first and for some time an insupportable stench, gradually lost its odour; the wound in nine days had closed so far as only to admit a quill; and the secretion of milk receded. The patient's appetite and sleep continuing good, and her mind calm and cheerful, her farther recovery proceeded with rapidity; in six weeks the opening was healed up altogether, and she was able to resume her household occupations in her usual state of health.

"Dr. Müller, in his remarks on the nature of this case, endeavours to establish that it was not an instance of extra-uterine gestation, but of ordinary pregnancy; that the accident must have excited inflammation and suppuration of the anterior surface of the uterus; that this disorder passed by continuity of surface to the abdominal parietes, and gave occasion to the false passage. This certainly appears the only rational account that can be given of the progress of the case. The complete recovery of the patient in such disastrous circumstances is certainly, as the author observes, a most extraordinary instance of the restorative powers of life. 'Nature, too, has her Cæsarean operation!'"—*Ed. Med. and Surg. Journ. April,* 1829, *from the Magazin für die Gesammte Heilkunde,* 1828, *xxviii. i.* 157.

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63. *Six successive Hip Presentations in the same Individual.*—An instance of

this is related in "*La Clinique.*" The woman was well formed, of good constitution, and the pregnancy presented nothing extraordinary.

64. *Hip Presentations.*—In the Maternité in Paris, in twenty-thousand cases, three hundred and sixty were hip-presentations; of these, only thirty required the interference of art.—*La Clinique.*

MEDICAL JURISPRUDENCE.

65. *Case of Poisoning with Nux Vomica.* By Dr. Basedow, of Merseburgh.—A young lady, designing to take a laxative as a remedy for head-ache and tooth-ache, from which she was suffering, swallowed by mistake, at midday, a table-spoonful of powdered nux vomica. " She became alarmed on remarking its intense permanent taste; but did not call for assistance till she was almost instantaneously deprived of the power of walking and fell down, yet without losing recollection. Dr. Basedow saw her immediately after, and recognized the nature of the powder she had taken by what remained of it. She lay in bed with the countenance pale, and exhibiting alternately an expression of indifference and anxiety; she alternately wept and smiled; the eyes were wide open, and the pupils contracted. The respiration was irregular and short, the pulse also irregular, small, not hard or frequent, the skin cool. The forearms were constantly in a half bent position, and the hands and fingers affected with convulsive twitches; the legs, on the contrary, were motionless, rigid, and all the muscles hard and tetanically contracted. The patient had not the slightest pain or sickness, but her breathing became every moment more difficult, and she complained of impending suffocation. An emetic of five grains of tartrate of antimony which had been sent for was administered without delay, and in the course of ten minutes it operated with the assistance of draughts of tepid tea, and tickling of the throat. After repeated evacuations of the stomach, the matters of vomiting came away without any powder, by which time the symptoms were somewhat relieved, especially the dyspnœa. Small doses of a mixture of oil of turpentine and sulphuric ether were then administered every half hour. In the evening the tetanic spasm of the muscles of the legs, as well as the convulsive movements of the hands had ceased, and the respiration was free. For three days after the patient had a clouded look, complained of a sense of bruising over the whole body, and of weariness and rending in the limbs as if she had been fatigued by a long walk. The tooth-ache and head-ache disappeared with the commencement of the symptoms of poisoning."—*London Medical Gazette, March*, 1829.

66. *Case of Poisoning with Nux Vomica.* By Mr. Baynham, of Birmingham.—A girl, aged twenty, swallowed half an ounce, (avoirdupois,) of powdered nux vomica, for the purpose of destroying herself. When seen by Mr. Baynham, an hour after it was taken, "she had violent spasmodic contractions of the voluntary muscles, but more especially of the limbs, with extreme pain in all the parts affected. The spasm at times continued for three or four minutes, and was then succeeded by some quick change of position, or a long succession of convulsive motions. The muscles of the back were so much affected by spasm as almost to render it a case of opisthotonos. Finding it impossible to retain her in a chair, she was placed upon a bed, and with the assistance of her neighbours, preserved in that situation from local injury. The action of the heart was slow and feeble; the pulse somewhat indistinct, and beating at an average in the first half hour, 50 in a minute. The surface of the body was cold, and uniformly wet with perspiration. The functions of the stomach and bowels not perceptibly disordered. She remained sensible throughout her illness. A strong solution of sulphate of zinc was administered with difficulty, since, with

every desire to second the object in view, she could not avoid biting through the cup by an uncontrollable action of the temporal and masseter muscles. A metallic vessel, which was then substituted, received the impression of her teeth. The emetic operated freely in a few minutes, but did not immediately relieve the symptoms. Abundant portions of gruel, and a large dose of castor oil, constituted the whole after-treatment. The pulse at the expiration of two hours averaged 70, and had become firm. The convulsions gradually subsided, and finally ceased in about four hours from the period of attack, after which she slept, and awoke early in the evening without any other feeling of illness than what resulted from exhaustion. The next day, although still feeble, she could walk from home."—*Ibid.*

67. *Case of Suicidal and Infanticidal Mania.*—"E. B. a young, and hitherto healthy woman, the mother of two children, in humble life, but not in indigence, applied at the Hitchin Dispensary, in consequence of the most miserable feelings of gloom and despondency, accompanied by a strong, and by her own account, an almost irresistible propensity, or temptation, as she termed it, to destroy her infant. This feeling first came upon her about a week before, when the child was a month old; and she was now sunk into an extreme state of dejection. She begged to be continually watched, lest she should yield to this strange propensity. The appetite is bad—bowels loose—stools dark and offensive—has occasionally discharged portions of tape worm from the bowels. Pulse natural; sleeps ill. This account is taken from the Dispensary report-book, October, 1824, and the treatment need not be mentioned, as the symptoms continued without alteration till March, 1825, when the patient took the small-pox. During the eruption, the mind was serene and happy, and she was free from the dreadful temptation by which she had been previously harassed; but, upon the subsidence of the small-pox, the disease returned with its former horrors.

"About the middle of April, the disease, without any apparent cause, began to decline, and she was, at the end of the month discharged from the Dispensary by her own request: her child was now six months old. She nursed it herself from its birth, and continued to do so till it was twelve months old. She remained free from any disorder until the spring of this year, 1828, when she had another child, and, about a month after the birth of it, she was assailed by this propensity to destroy it. The symptoms continued till the child was half a year old, and from that time have gradually declined. Occasionally for a few days, a sort of metastasis takes place; the propensity to destroy the infant entirely subsides, and the place of it is supplied by an equally strong disposition to suicide. It is worthy of remark, that during the most distressing periods of her disease, she is perfectly aware of the atrocity of the deed she is so powerfully impelled to, and prays fervently to be enabled to withstand so great a temptation. She has repeatedly told Dr. Hawkins, that the inclination to destroy her child has been so powerful, that she should certainly have yielded to it, if she had suffered herself to use a knife even at her meals;—for a knife is the instrument which she feels necessitated to employ in the perpetration of the act. Whilst this extraordinary state lasts, the bowels are uniformly relaxed, and the stools of a dark colour and offensive odour. She has suckled all her children for twelve months; she has had three children, but this dreadful state of mind has supervened on the birth of the two last only. It may be proper to observe that, when suffering from any bodily indisposition, the mind is serene and happy and free from any kind of morbid feeling. This poor woman is by no means deficient in affection for her infant even in the most trying period of her disease. This case appears of much importance in a medico-legal consideration. Is she of sound or unsound mind? And supposing in this case suicide were committed, and a verdict of insanity were returned, should not the same verdict be returned, supposing infanticide were the crime which the jury had to consider? The case altogether presents a very remarkable moral phenomenon."—*Med. Chir. Rev. April,* 1829.

68. *Injury from Sulphuric Acid.* By Robert Christison, M. D. &c.—By the English statute, which has recently been extended to Scotland, the wilfully, maliciously, and unlawfully throwing or applying sulphuric acid, or other corrosive substance calculated by external application to burn or injure the human frame, and by means thereof to murder, maim, or disfigure, is a capital crime. Dr. Christison relates, in the *Edinburgh Medical and Surgical Journal,* for April last, a very interesting trial under this statute.

Hugh Macmillan and his wife, Euphemia Lawson, were indicted for maiming, disfiguring, and disabling Archibald Campbell, by throwing sulphuric acid over him. It appeared, in evidence, that the Macmillans and Campbell lived in the same house, and were on bad terms; and that about midnight, October 17th, as Campbell, on his way up stairs to his lodgings, had approached Macmillan's door, the door opened, and the wife of Macmillan threw over Campbell a liquid which by its intense burning he at once suspected to be sulphuric acid. Campbell was conveyed, without delay, to the infirmary. "The skin on the left side of his face was partially removed, and the whole presented at first a white disorganized appearance. The eyelids of both eyes were much inflamed and swollen, and the left eyeball was also severely involved in the mischief, but the right eyeball was uninjured. The skin of the inside of the lips was also white and swollen, and on the back of the left hand, as well as between the fingers, there were white excoriated streaks. In the course of sixteen hours the white marks turned brown. The pain of the face and eyes, which was at first excruciating, became easier under the use of suitable applications. But as at the time of the visit, about twelve hours after the accident, the pain of the left eye, extending to the head, evidently threatened a severe ophthalmia, he was bled from the arm, and next day the operation was repeated. From these measures he derived great relief. The inflammation and disorganization of the eye, however, went on increasing, and soon ended in the bursting of the cornea and discharge of the aqueous humour and crystalline lens. Towards the close of the fifth day, namely, on the evening of the 22d, while apparently doing well, he had a shivering fit, and next morning complained of acute pain at the bend of the right arm, where he had been bled. Inflammation immediately sprung up around the orifice, general swelling of the arm came on, and progressively increased for the three following days. Severe febrile symptoms ensued, and afterwards also difficult breathing, with other signs of pulmonary inflammation. Under these complicated disorders he gradually sunk, and died on the morning of the 30th October."

The body was examined the day after death, by Dr. Hunter and the late Dr. Cullen, who made the following report:—

'The right arm was carefully examined and anatomized. We found the vein from which he had been bled very highly inflamed at the wounded part at the bend of the arm. From this point the inflammation had extended upwards to the great vein of the arm and shoulder, and downwards to the small veins of the forearm. These vessels were almost filled with purulent matter, and partly obliterated. The great veins at the upper part of the chest were natural.

'There was a small quantity of serum in the cavity of the membrane which invests the heart, but that organ was itself sound.

'The membrane which covers the lungs and ribs, called the pleura, was inflamed, and covered at the back part with the usual product of inflammation. Sero-purulent fluid was found in both cavities of the pleura. Both lungs when cut into were found highly inflamed, and particularly in the upper and lower lobes.' ["I may here add," says Mr. Christison, "in explanation, that both lungs were most extensively consolidated by serous effusion, red hepatization, and diffuse tubercles, intimately intermingled: and that the last morbid deposition was distributed in irregular masses, some of them of the size of a pigeon's egg, so as to occupy not less than a third part of the entire volume of the lungs."]

'The left eye had its anterior part entirely destroyed. Some of the humours [the aqueous humour and crystalline lens,] had escaped, and the whole organ was disorganized, and absolutely incapable of recovery.

'Water was found in considerable quantity on the surface, in the cavities, and at the base of the brain. That organ itself was natural. No other morbid appearance was any where observed.

'Upon the whole, we are of opinion that Archibald Campbell died of inflammation of the veins of the right arm, and of inflammation of the lungs, the former caused, according to the best of our judgment by the wound of the vein in bleeding.'

The wife was found guilty.

The indictment in this case contained a separate charge of murder, from which, however, the lord advocate departed at the commencement of the trial. We mention it here for the purpose of introducing some interesting and important observations on the subject, by Dr. Christison. The lord advocate abandoned the charge of murder, because, says Dr. C. "while it was quite certain that the evidence would establish another capital offence, his entering on the charge of murder would involve a nice legal question, as to the responsibility of the prisoner for an event which depended only indirectly on the injury inflicted by her, and directly on an insignificant surgical operation. The question, however, must be understood as having been waived, not decided. The decision of it of course will not lie with the medical witness. But it may be right for him to understand the nature of the evidence which in a similar case might be required from him with a view to its decision in the proper quarter. Now in charges of homicide, although it be proved that the injury inflicted by the prisoner occasioned death not directly, but indirectly, through the medium of a cause coming into action after the injury, the prisoner will nevertheless be held responsible, provided the injury was serious, and it shall appear that the intervention of the secondary cause though not a common event, lay in the natural course of things. Hence, if a person, after receiving a serious injury, should die of hospital gangrene caught by his repairing to an infirmary where it was prevalent, or of diffuse sub-cutaneous inflammation, arising in consequence of there being at the time an epidemic tendency to that affection, or even of tetanus, a disease of the supervention of which we can neither trace the causes, nor calculate the probability,—in all these circumstances would not the person who inflicted the injury be held responsible for the event? This appears to have been laid down in regard to tetanus, in the case of Alexander Mackenzie. The medical evidence showed that tetanus, though an effect of wounds, neither necessary, nor common, nor such as may be anticipated, is a consequence not sufficiently *accidental* to relieve the prisoner from responsibility, if the injury was severe and his purpose deadly.[*] Does inflammation of a vein arising from phlebotomy,—that operation being rendered imperatively necessary by the effects of an injury,—belong to the description of accidents here enumerated? Most surgeons, I conceive, would reply, that it lies at least as much in the natural course of events as tetanus. Neither tetanus nor phlebitis is common after an injury, and neither would ever be held in view by a surgeon in forming his prognosis; but if there is any difference, the latter is on the whole the more common. Can phlebitis be considered a less natural event in the sequence of effects, merely from the circumstance that an operation is necessary for its development, provided the operation become absolutely imperative in consequence of the direct results of the injury? It must be admitted that these are all questions of great nicety, and difficult determination."

69. *Chemical Analysis of various Articles of Dress, in order to ascertain the Nature of Fluid poured upon them.* By Drs. Christison and Turner.—It was thought proper in the preceding case, to determine by chemical analysis the nature of the corroding fluid, and we copy the account of the experiments,

[*] Edin. Med. and Surg. Journal, xxviii, 414.

instituted for this purpose, as they exemplify the mode of procedure in parallel cases, and also supply the best process for the detection of sulphuric acid in the contents of the stomach of those who have been poisoned with it.

The articles analyzed were put into Drs. C. and T.'s hands a fortnight after the acid was thrown on them. "They consisted of a portion of the rim of a hat, affected here and there through and through; an uninjured part of the same hat, for comparative analysis: part of a black stock with its lining and stuffing, all much destroyed; part of the sleeve of a brown coat and its lining, likewise corroded and reddened; and an uninjured part of the same coat for a comparative experiment. The hat and stock, where affected, were moist and sour to the taste.

"The injured part of the hat was boiled in small fragments with distilled water, and a reddish-brown fluid procured by filtration. This fluid had an acid taste, reddened litmus strongly, and yielded with acetate of baryta a copious brownish precipitate, which was rendered white by nitric acid, and being then collected and dried at a red heat weighed 43 grains. A small portion of this powder being mixed with a little charcoal, it was heated for two minutes in a platinum spoon before the blow-pipe. The product, when diluted muriatic acid was poured on it in a tube, effervesced and emitted an odour of sulphuretted hydrogen, the evolution of which was farther proved by a piece of filtering paper, moistened with a solution of acetate of lead, becoming black when suspended within the tube.

"We then proceeded to make a comparative set of experiments with the uninjured portion of the hat. A reddish-brown fluid was procured, which faintly reddened litmus, and gave with acetate of baryta a scanty cloud, insoluble in nitric acid, but not forming any deposite when left some hours at repose.

"The injured portion of the stock was torn into shreds and treated in the same manner as the injured part of the hat, with precisely the same results. The sulphate of baryta procured from it weighed nine grains.

"The injured part of the coat sleeve and lining was also subjected to the same process, except that the barytic precipitate was collected by the process of subsidence and affusion without a filter, as it was scanty. The results of the experiments with it were precisely the same as those mentioned above, and they were all procured characteristically, although the sulphate of baryta formed did not exceed nine-tenths of a grain. A comparative analysis was made of an uninjured part of the sleeve. But the aqueous fluid only tinged litmus faintly red, and yielded with acetate of baryta a faint cloudiness without a deposite.

"These experiments made it certain that the fluid used was sulphuric acid."—*Ed. Med. and Surg. Journ. April,* 1829.

70. *Alleged attempt to effect abortion.*—About the middle of April last an account of a supposed attempt to procure abortion appeared in the London newspapers, and excited "a considerable sensation," both from the apparent atrocity of the circumstances, and from the full anticipation that the individuals accused, (of whose guilt no doubt was entertained,) would be executed. The *primâ facie* evidence, as it appeared on the coroner's inquest, was said to be of the most positive nature, and so satisfactory to the jury, that, in the fullness of their gratitude, they passed a vote of thanks to the gentleman who had enabled them, by the clearness of his statements, to comprehend the intricacies of the case, and to bring in an unanimous and decided verdict.

The document which afforded so much satisfaction to the coroner's jury, was an account of the post mortem examination, and is signed by Lauce Healey, surgeon. This document is published in the *London Medical Gazette*, for April 15th; and whether considered with regard to the orthography, the grammar, the description of the appearances, or the inferences deduced from them, is not a little remarkable.

The testimony of medical men in a court of justice often involves questions of life and reputation, and, as the study of medical jurisprudence has been too much neglected by physicians in this country, the pointing out the errors of others may be salutary, by attracting attention to the subject, and, as a warning to those who are utterly incompetent, how they venture to express their crude opinions, and become accessory to the loss of the life or reputation of a fellow creature. With this view we copy the remarks of the editor of the London Medical Gazette, on the statement of Mr. Healey, omitting the original, as it would render this article too long, and the reader will learn enough of it from the following observations.

Passing by the style and manner of the composition of Mr. Healey, "we shall direct attention," says the editor of the Medical Gazette, "in the first place to that clause of the paper which refers to the condition of the mamma. Tho enlargement of this gland, the increased size of the lactiferous tubes, and the loaded state of the blood-vessels, one and all of them the natural results of pregnancy, are looked upon as proving, 'that strong doses of powerful medicines had been administered.' This passes belief: that any man should have delivered such an opinion under ordinary circumstances would only have been regarded as an example of marvellous folly, but that an inference, placing the lives of two individuals in jeopardy, should have been thus confidently deduced from such insufficient premises, constitutes a combination of ignorance and audacity of which the evidence of our senses alone could have convinced us.

"In the thorax the only circumstance worthy of note is, that the pericardium was 'rather thinner than usual,' a description in keeping with the anatomical skill displayed by the narrator throughout. Notwithstanding the preternatural thinness of this membrane, however, the heart and lungs were 'healthful.' The abdomen showed marks of general inflammation; the stomach and intestines were distended, and the former contained 'grumous' vegetable matter, smelling strongly of savine and rue. Now, when we consider the interval which had elapsed between the administration of these and the death of the patient, and that it appeared in evidence that Mr. Healey had himself administered various vegetable medicines, some of which were also possessed of powerful odour, it strikes us as a remarkable acuteness of the sense of smell to be able to distinguish both the savine and rue amid the variety of other substances more recently introduced, including hyoscyamus, senna, peppermint, &c.; and we would beg to ask whether Mr. Healey would have been able to speak confidently to the distinct and particular odour of the 'savine and rue,' had he not been made acquainted with the fact of these substances having been administered to the deceased, by one of the most extraordinary proceedings ever witnessed in any court; namely, putting the accused upon her oath, and taking her own evidence against herself!! (See report of the coroner's inquest.)

"The liver, spleen, and pancreas, were free from any thing remarkable: but we mistake, there was one remarkable circumstance,—the gall-bladder was about three parts filled with 'bile of a florid colour.' Such are the words in the original, '*bile of a* FLORID *colour!!*'

"Passing on to the urinary bladder, we find that it contained fluid which had a 'vegetable' smell, similar to that of the intestines; but here the odours, we presume, had become blended too much for separate discrimination, as they are not specified individually. On examining the meatus urinarius, Mr. Healey did not discover that any instrument had been passed to draw off the water. The only circumstance connected with which statement that requires comment, is the implied idea, that if a catheter *had* been so introduced, he could have ascertained the fact by examination after death.

"Of course, in such a case, particular attention was directed to the state of the genital organs. These were inflamed and excoriated, particularly the corpora '*myrtiformes*,' which we are informed are situated 'about half way up the vagina.' By far the most important point, however, and that on which the decision of the question mainly hinged, is the assertion that there were marks of various instruments to be seen about the os uteri. It is said there were 'two distinct dents,' as by a blunt, and 'five distinct punctures,' as by a sharp instrument; while, it is added, that, on pressing the latter, 'matter' exuded. Guided by these appearances, and the inferences he conceived to be deducible from them, Mr. Healey summed up by declaring his belief that the death of the deceased was caused, 'by administering savine, rue, and hyoscyamus,' and 'by the frequent attempts to perform an operation locally.'

"This brings us to the history of the trial, which may be given in very few words, the details being too voluminous, and not of sufficient interest for publication.

"Some doubts as to the absolute accuracy of Mr. Healey's opinions seem first to have suggested themselves to Mr. Brain, the surgeon to St. James's parish, and he thinking that a question, which affected the lives of two of his fellow-creatures ought not to be hastily decided, took means to make himself acquainted with the *natural* state of the parts at different periods of utero-gestation, and was thus led still further to question the correctness of the doctrines laid down before the coroner. Dr. Robert Lee was also consulted, and he, on examining the parts distinctly, pointed out that the alleged 'punctures' were nothing more than the openings of the excretory ducts of the glands, presenting such, and only such appearances as are usually met with at this period of gestation. But what amounted to absolute demonstration of the correctness of this opinion, was the fact, that into the supposed 'punctures' several smaller mouths opened, being the apertures of various ducts discharging themselves at one common point: while the 'matter' which oozed out on pressure was only the gelatino-mucous secretion natural to the parts.

"On the trial, as may be supposed, Mr. Healey totally failed in substantiating the assertions he had made before the coroner; and so completely 'broke down' that it became obvious the cause was at an end, even if no other evidence had been in store. Neither Dr. Paris nor Mr. Jewell, who had been called for the prosecution, supported the original statements of Mr. Healey. As to the 'punctures,' the former thought it impossible to give a decided opinion upon the subject in the then state of the parts, while the latter was doubtful whether the appearances were the result of violence or not. The charge, therefore, of punctures having been made in the attempt to introduce a sharp instrument must have fallen to the ground, even without the positive evidence of Dr. Lee and Mr. Brain, which appeared to us, and what is of more importance, was deemed by the court, perfectly satisfactory against it.

"The charge of having administered certain drugs, with a view to induce abortion, might still have attached to the female prisoner had not the fact of their administration been got at by the extraordinary proceeding above-mentioned—that of making her criminate herself.

"With the collateral evidence we meddle not, nor do we offer an opinion as to the conduct of the parties accused; we limit ourselves to the medical part of the question.

"The coroner's jury were guided by the professional testimony adduced when they brought in their verdict; and when we come to examine the grounds of this testimony, we find them, not only insufficient to support the weighty inferences founded upon them, but such as actually appear to have had no existence except in the imagination of the witness. The natural openings of ducts are declared to be punctures from a sharp instrument; the fullness of the mamma, attendant on impregnation, is held to be the consequence of powerful medicines; and though least in importance, assuredly not last in absurdity, the gall-bladder is asserted to have been filled with 'florid bile.' And yet for this report, the coroner's jury presented the witness with a vote of thanks! A most unfortunate vote: an enduring evidence of their own incapacity, and fixing attention upon a document which, for its presumption and folly, stands without a parallel in the records of medical jurisprudence.

"The recent case of Mr. Neale, and the present, point clearly to the insufficiency of the state of the law as regards the coroner's inquest. No man can conduct the necessary investigation who does not understand the legitimate inferences to be drawn from the appearances presented by the dead body: any man possessing such information would have at once detected the fallacy of the evidence in both the instances alluded to. But these cases do more—they clearly point out the necessity of examining competent witnesses.

"The former instance showed the inadequacy of the most perfect acquaintance with one branch of medical science—anatomy, to enable the surgeon to draw correct inferences from what he saw; the present shows still more forcibly the danger of a jury trusting to the evidence of one bold enough to give a decided opinion upon a subject of which the result has proved that he was wholly incompetent to judge.

"In common with other men, we view with horror the offence of which the parties were accused; and assuredly our voice

'Was ne'er employed
To clear the guilty, or to varnish crime.'

But, as in two recent instances, attempts have been made on the evidence of medical men to establish charges of violence where the appearances they have themselves described warranted no such inferences, we have felt it to be a public duty to animadvert upon their conduct. In the latter case, had the evidence leant to the side of mercy—had the consciousness of ignorance led to diffidence in drawing conclusions—we should have thrown a veil over its absurdity; but when ignorance is united to rashness, and leads to positive testimony, involving the lives of others, it forms a combination too dangerous to be left to its consequences unchecked by the salutary caution which public exposure never fails to inspire."

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71. *Two Cases in which the External Application of Corrosive Sublimate proved fatal.* By John Ward, Esq.—Case I. A man, aged twenty-four, rubbed over every part of his body *one ounce* of corrosive sublimate, mixed with six ounces of hogs lard, and then took a large dose of sulphur and treacle, for the cure of an eruption resembling itch. At ten o'clock, March 13, 1828, about one hour after using this ointment he was seized with most excruciating pain all over the body, more especially about the abdomen, on which part and the thighs he had rubbed the largest quantity; and he felt as if he were "roasting alive." Unable to lie in bed, he arose and went out to a hay-loft, taking with him a gallon of water, his thirst being insatiable. In the morning Mr. Ward was sent for, and found the patient with the whole of the parts over which the ointment had been rubbed, in a state of complete vesication; the penis and testes swollen to an enormous size; agonizing pain in the stomach and bowels, distressing nausea, great thirst; tongue coated with white fur; pulse 110, and full. He was ordered barley water, &c. for drink, twenty leeches to epigastrium, and infusion of senna and sulph. magnes.

March 15th.—Great restlessness, severe tormina, and frequent bloody stools, passes urine freely, ptyalism commencing.

16th.—Complete state of salivation, severe head-ache, "torments in his belly." Has had no rest, blood oozing from his mouth and nose; frequent discharges of blood per anum; pulse 90, and feeble.

19th.—Has thrown up a large quantity of blood from the stomach; stools and urine passed involuntarily; severe hiccough; does not speak unless roused, but, when asked, says that "all his pains have left him." No delirium from the commencement. He lingered till the 24th, when he died; examination of his body not permitted.

Case II. A brother of the preceding, aged nineteen, also rubbed in an ounce of corrosive sublimate in hogs lard; his history is the same except that after getting up, and accompanying his brother into the farm yard, he lay down in a stream of water, where he remained all night, drinking at intervals considerable quantities. In the morning he was unable to move.

March 14th.—Symptoms much the same as his brother's, but more aggravated; pulse 130, full—unable to pass urine. Ordered v. s. ℥xviij.; ol. ricini. ℥i.

In the evening, no urine having been passed for thirty-six hours, a catheter was introduced into the bladder, but no water was drawn off. Ordered fifteen leeches to the epigastrium.

15th.—Worse than his brother; bowels open; constantly vomiting; headache; has voided no urine; other symptoms same as his brother.

16th.—He appears much more comfortable to-day. Has slept three or four hours. The vomiting has nearly ceased, and he has been able to retain a basinful of weak broth. Pulse 104, and feeble. Tongue dry and black. Ptyalism not so great as his brother's. Complains of excessive pain in his bowels. Has voided no urine, neither does any follow the introduction of the catheter.

17th.—Great anxiety of countenance; he says that he is perfectly free from pain; makes no water; has frequently bloody stools; drinks plentifully of weak broths, arrow root, &c. Has not vomited since yesterday afternoon. Pulse 96, and weak; tongue black and much swollen; has fainted two or three times, and but very slowly recovers from this state. Is very irritable, and says he is dying. The sores about the groin are sloughing extensively, and mortification is evidently going on internally.

18th.—He died about two o'clock, P. M.

Post Mortem Examination.—Appearances in the abdomen:—The stomach was found highly inflamed, with small spots of ulceration in several places. The small intestines were greatly inflamed throughout their whole course, and the lower portion of the colon and rectum in a state of complete mortification. The liver was large and unusually loaded with blood. The bladder was healthy in appearance, but contracted to a very small size, and did not contain the least drop of urine. There was a great quantity of bloody serum in the cavity of the abdomen. This examination took place eight hours after death, and no other parts were examined.

Thirty large worms were found alive in the stomach and large intestines. Mr. Brodie and some others are of opinion, that bleeding, in cases of poisoning, seems generally to promote the absorption of the poison. Mr. Ward thinks that this opinion is in some measure borne out in this case.—*Lond. Med. Gaz. April,* 1829.

CHEMISTRY.

72. *Supposed Artificial Diamonds.*—M. Thenard gave an account of the experiments made by himself, MM. Dumas and Cagniard de la Tour, to verify the trials by which the latter thought he had obtained the power of crystallizing carbon, and forming diamond. An accurate analysis of these crystals, which had no colour, proved, however, that they were only silicates, and not artificial diamond.—*Annales de Chimie,* 1829.

73. *Preparation of Hydriodic Acid.*—Dissolve sixty grains of iodine in a sufficient quantity of alcohol; diffuse one ounce of finely divided starch through four ounces of water, and add this, drop by drop, to the former solution; allow the iodine of starch to settle, and pour off the clear liquid. Pass a current of sulphuretted hydrogen through the deposit; the colour will at first change to orange yellow, from the formation of an iodide of sulphur, then it will become yellow, and ultimately white. The whole is to be filtered, the insoluble part washed with small quantities of water, and the solution slightly heated to dissipate the sulphuretted hydrogen. The solution may be obtained of specific gravity 1.5, and is pure hydriodic acid.—*Brand's Archives.*

74. *Preparation of Iodine.* By M. Souberan.—The following is the process recommended by M. Souberan, by which he has obtained as much as the eightieth part of iodine from mother liquors, that would yield none by the or-

dinary process. The mother liquors from the soda works, are to be diluted with four or five times their weight of water, and solution of sulphate of copper added, until precipitation ceases. The deposit will consist of iodide of copper and sulphate of lime, and is to be separated. Large iron filings or turnings are then to be put into the liquid and agitated, until all smell of iodine has disappeared, by which process, the remaining portion of iodine will separate as an iodide of copper, mixed with metallic copper and the iron turnings, but easily separated by washing over. These two precipitates are then to be acted upon separately, in one of the following ways:—1, the iodide is to be mixed with two or three times its weight of peroxide of manganese, and a sufficient quantity of concentrated sulphuric acid, and then distilled, when all the iodine will rise with some aqueous vapour; or 2, the mixture of iodide and oxide of manganese is to be heated in a retort to a high temperature, when pure iodine will come over, the residue is pulverulent, and can easily be extracted without breaking the vessel.—*Annales des Mines, Vol. III.*

75. *Phosphoric Acid in Potash.*—"According to M. Kobell, phosphoric acid is found in nearly all potash, in crude tartar, and in the ashes of most plants. It may usually be found in potash by saturating the alkali with muriatic acid, evaporating and crystallizing, redissolving the crystals, adding ammonia to the solution, and then muriate of lime. A precipitate forms more or less slowly, which has the characters of phosphate of lime before the blow-pipe, and moistened by sulphuric acid, communicates a green colour to the flame of a spirit lamp."—*Kastner's Archives.*

76. *Nitrate of Silver as a test for Animal Matter.*—"Dr. Davy states that nitrate of silver, dissolved in pure water, is not altered by the sun's rays. If the minutest quantity of vegetable or animal matter is present, the solution is discoloured; and with common distilled water, the discoloration is strong. To prove that the causes of the change of colour is the one assigned, it is sufficient to allow the coloured matter to subside, decant the colourless solution, and expose it again to sunshine. However powerful the sun's rays are, no further effect is produced; but, add more common distilled water, and the phenomenon will instantly reappear. He believes nitrate of silver thus used, is one of the best tests of the presence in water of very minute portions of vegetable matter: of course any chloride of silver that may be formed in consequence of the presence of any muriates should be allowed to subside in the dark, and the subsidence should be complete before the fluid is decanted and exposed to light." —*Jameson's Journal.*

MISCELLANEOUS.

77. *Yellow Fever.*—This disease, for some time past, has been the subject of most animated discussion in France. The dispute of its contagious or non-contagious character, now happily settled in this country, is maintained with all the vigour it formerly excited amongst our predecessors. Every circle is occupied with it. It is talked of in the saloons, canvassed by sage politicians as an affair of state, and battled over by learned professors with a vehemence not only destructive of professional gravity, but, it is to be feared, prostrating the love of truth, in the feelings of a personal contest; while the press has been busily occupied in the affair, sending forth numerous works, from heavy tomes to fugitive essays. The principal field of controversy, has been the Royal Academy of Medicine. No question has probably elicited in that truly eminent and illustrious body of medical philosophers, a higher degree of interest, or a more prolonged and lively debate.

The author of this discussion is Dr. Chervin, held in honourable and estimable recollection, by those of his professional brethren of this country, who became acquainted with him during his tour of observation and investigation through the Atlantic cities of the United States, some years past.

In France, as in this country, when Yellow Fever first attracted attention in 1793, the popular belief and medical opinion, were almost unanimous in regarding the disease as eminently contagious. Dr. Deveze, who possesses the merit of having first opposed this error in the United States, it is true, had in France, equally resisted its propagation. In this country, the opportunities of observing and examining the nature of the disease, presented by its frequent recurrence, produced an early conviction of the correctness of his views. The truth once developed, soon enlisted numerous advocates, and nearly all who subsequently entered the profession, coming fresh to the examination of the question, with unbiassed minds and free from preconceived theories, decided from the weight of accumulated testimony and more enlightened observation, against the contagionists.

No great truth has ever been established by individual conversions. Those who are educated in a belief, or early adopt an opinion, generally die in the faith. It is by generations that truth and correct knowledge progress. A novelty advanced reservedly in one generation, and met with violent opposition, with denunciations and persecutions, is an acknowledged and established principle in the next.

Such precisely is the history of the doctrine of the non-contagion of Yellow Fever. In 1793, the profession were almost unanimous in the belief of its contagious character, and no little courage was required to brave the storm an opposite opinion would have awakened. In this generation, an equal unanimity prevails in the profession as to the non-contagious nature of the disease; and he who advances the opposite doctrine seriously, is deemed no more worthy of notice, much less a refutation, than would be an advocate, at this time, of the Ptolemaic system.

In France, where the disease is unknown, and, as respects the great portion of the country, from the absence of the essential requisites for its production, it cannot prevail; the force of authority and established opinion, unopposed by absolute observation, continued to predominate, notwithstanding the publications of M. Deveze. The question which had thus been put in controversy in France, Dr. Chervin undertook to investigate thoroughly. It had then excited new attention and interest by the great political movement of which it was a cover, in being employed to mask the concentration of a large force on the frontiers of Spain, intended for its invasion and the overthrow of its consitutional government, under the pretext of a "cordon sanitaire," to prevent the introduction of the contagion and the disease of Yellow Fever into France.

The mode of investigation adopted by Dr. Chervin, was the only one adapted to settle this controverted point irrefragibly, and is an evidence of the zeal and enthusiasm animating him in the search of truth. Dr. C. did not content himself with framing speculations in his closet, founded on the statements furnished by others: he determined to see, to hear, to examine for himself; nothing was received implicitly, whatever its authority; every thing was sifted to the bottom, and all that was false, that was mere popular credulity and idle rumour, was separated from the true, from sound observation and positive fact. To this research Dr. Chervin devoted five or six years, in the course of which he visited the principal of the West India Islands; he traversed the Atlantic border of this country, from New Orleans to Maine; he repaired to Guiana; on his return to Europe, he made Spain the seat of his enterprise and perquisition in two different tours, and was lately at Gibraltar. Abundant opportunities were enjoyed by him of witnessing the disease in its epidemic ravages, and in its sporadic and endemic occurrence. He studied the disease in its victims while living; and he interrogated their remains when dead, to determine its pathological nature. He examined, and inspected himself, all the localities where it had commenced its course, or had prevailed, in order to determine its origin, and its mode of production; he scrutinized all the tales and rumours invented by an excited imagination, or founded on occurrences distorted by alarm, credulity, and obstinate and blinded prejudices.

In addition to his own researches and scrutation, he invoked the aid of the members of the profession, in each place the seat of his examination; he solicited and obtained from them their opinions as to the contagious or non-contagious character of the disease, accompanied with the facts on which these opinions were formed. The documents thus procured were verified by the official seals and signatures of the local authorities, and the French consul, where one was resident. Dr. Chervin, in this manner has not only presented the results of his own researches, but he has polled the medical profession, wherever yellow fever has prevailed, for their sentiments on this point. In the West Indies, and in this country, where the profession are untrammelled in their opinions by government, a degree of unanimity was found to prevail, unexampled on any question of science, arts, religion or morals, the subject of debate. So far as the opinion of those the most conversant with the disease, and the best entitled to decide the question, from possessing the best opportunities of determining the exactitude of facts, may be considered as settling this question, it is put to rest; and the vulgar opinion will in the end, as it always does, though with slownesss, be modelled after that of the intelligent and philosophic.

The visit of Dr. Chervin to this city is fresh in our recollections; the most favourable impressions were made by his courteous deportment, and he has left behind him "golden opinions." The zeal, fidelity, impartiality, diligence, and candour, with which he executed, while with us, the duties of his voluntary mission, are the sure guarantees of his ability for its performance, and of the entire faith that may be reposed in the results of his labours.

The work of Dr. Chervin on the Yellow Fever, which must necessarily be very voluminous, has not yet issued from the press, but when it does appear, we have no hesitation in believing it will prove decisive as to the great question which has so long agitated the medical public.

In the meantime Dr. Chervin submitted to the Academy of Sciences a memoir, containing a summary of his numerous researches on Yellow Fever, with the documents he had collected, which was offered in competition for the prize of medicine, founded by M. de Monthyon. On the favourable report of the committee appointed to examine the essays, the Academy decreed to Dr. Chervin a prize of ten thousand francs. It was not intended to express by this vote a positive opinion on the subject of the contagious or non-contagious nature of the disease: it was offered as a testimony of the approbation of that body to the zealous and laborious investigation of Dr. Chervin, indefatigably sustained in so many regions, and for so many years. That this reward was well deserved none but the prejudiced would deny; yet, those who were the advocates of the contagiousness of Yellow Fever, endeavoured by every possible means to prevent the accordance by the Academy of this approbatory testimony. Their efforts, to the honour of that illustrious body failed, and have only served to render the triumph of Dr. Chervin more signal and gratifying.

In the number of the *Bulletin des Sciences Médicales*, for October, 1828, a list of the various publications this controversy has called forth, and a very clear and condensed compendium of the arguments and statements of both parties, has been presented by M. de Fermon, drawn up with great ability. If the question were not so completely at rest on this side the Atlantic as no longer to awaken interest, we should be tempted to translate this article for the benefit of our readers, as exhibiting in a brief space and lucid manner the principal points of the controvery.

There is, however, a passage we cannot pass by, as it contains the true hygienic proceedings for arresting the progress of Yellow Fever, on its appearance in our cities, and preventing it from assuming the character of an epidemic. It is a thousand times worth all the quarantine regulations maintained at so heavy an expense, and to the injury of our commerce. We attach the more importance to this recommendation, as we are thoroughly persuaded, from the observations we have been able to make on this subject, that the poison productive of Yellow Fever is seldom extensively generated, or widely diffused. Its source is often extremely limited, and the disease is contracted by an approach to its seat of origin, and not by the conveyance of the infection to a distance. When the point of infection happens to be in a populous district, or a situation of great resort for commercial, or other objects, many hundreds are exposed in the course of a few days to the miasmatic poison, are attacked in rapid succession in different quarters of a city, and the appearance of an extended epidemic is, thus, given to a disease of very limited range.

"When an infectious disease exists, the place that is its focus should be evacuated, and the infected spot should be surrounded, at a certain distance, by a cordon, which would, then, be really protective of health, (sanitaire,) whose object would be to prevent individuals from entering the unhealthy situation, and not to enclose in it those who have contracted there the disease with which they are attacked, aggravating their position by forcibly retaining them in the midst of miasms, and exposing them to all the influence of deleterious causes, until finally the sick succumb, or, by the force of their constitutions, triumph over these fatal precautions."

As connected with this subject, the following extract of a letter from an American gentleman in Gibraltar to a friend in this city, giving an account of the late epidemic in the former place, may be considered as interesting. The author is a gentleman of great intelligence and respectability, and, though not a physician, every confidence may be placed in the accuracy of his facts, as from the station he holds, he has peculiar facilities for obtaining information; and having no theory to support, and probably no very strong preconceived notions on the subject of Yellow Fever; there is no reason to believe that he has seen things as he wished them to be, and not as they were.

"The Yellow Fever has just left us; for three weeks preceding Christmas day it declined daily, but still there were cases reported, and we began to fear it would never cease: on that night the wind set in from north west, the thermometer fell from 64° to 50°, and cut the disease short off—not another case. Dr. Pym, whose name you know, arrived from England, and took the medical command; he is now employed in routing out the filth and dirt from all the rookeries in the town; cleansing, purifying, &c. &c.: he has shut the gates hermetically against the admission of all us fugitives, and does not, we understand, mean to admit us to our residences until twenty days after the last case—a most prudent measure in all respects.

"The weather is cold, and in all respects seasonable.

"I shall hereafter collect all that may have been said, thought, or written on the subject of this fever, and send it to you. The old dispute of *contagion, non-contagion, import,* and *generation,* is carried on here with the usual asperity: there is no doubt with myself that it was generated in the place, and is what the Spaniards call 'uno higo dela placa.' The manner in which it has been treated by the English practitioners, also is strongly reprobated by the Spanish and other foreign physicians; the English invariably attacked the disease with doses of three or five grains of calomel every two hours; the Spaniards commenced by giving half, (or more,) of a tumbler of olive oil, followed in half an hour by rather a smaller quantity of the same rendered emetic by quantities of warm water; as soon as it commenced working downwards a very free use of injections was resorted to, and the stomach completely emptied; then followed large doses of castor oil, sometimes a dose of compound jalap; leeches invariably applied to the head and lower part of the belly; and in some cases the pains in the spine relieved by leeches on that part *low down.* It appears that whenever the disease was attacked in its first stages by these remedies the patient invariably recovered; but *good nursing* was considered absolutely necessary; and in some instances from eight to ten days elapsed before the patient was allowed to take any thing solid; chicken soup, barley water, and beef tea, being their only sustenance; many were lost by indulging too early; relapses in most cases proved fatal. Thousands of the poor were treated according to this system without any medical advice, and recovered; and what is remarkable that not one of these had the fatal symptom of retention of urine, or an entire want of secretion.

"Those who were treated with calomel died in the proportion of one to five, so that amongst us *quacks* there is the greatest possible prejudice against its use. The Spaniards say the disease is an *inflammation of the intestines*, that they must be emptied and cooled with diluents, and that calomel adds fire to fuel; they say that the disease is more rapid than the effects of calomel, and that if ever you sustain life until the patient is salivated, it does no good, as it is quite probable they would have done as well without it. It is also remarkable that those patients who were treated with calomel, convalesced very slowly—particularly the military—whilst those who were under the oil system got well much sooner; it was most fatal to persons between the ages of twenty-five to forty-five; fewer females died than males; children got over it very easily, and pregnant women generally escaped the infection. Many families shut themselves up in their houses, and held no communication; two or three houses escaped, full of inhabitants; other houses, with but three or four inmates, though well ventilated, and not joined by other buildings, had the infection. It may be well to remark to you, that there has not been a solitary instance of any person having taken the fever, who had it in former years; so great is the confidence of people upon this point, that several of my acquaintances who were absent in England and elsewhere, returned during its greatest malignity, entered the town, and pursued their usual avocations. I knew of several young men who ran away when it was declared, uncertain whether they had the disease in 1804, 1813, and 1814; these wrote to their friends abroad to ascertain whether they had it in infancy, and upon being assured they had, all returned to the town. I have five clerks, all of whom had, what is technically called 'passed the fever,' in former years, who all remained, and were employed nursing the sick; not one of either of those classes had an attack. On this isthmus, under canvass, and in huts or houses, there are at this moment about ten thousand persons; the distance from where I live to the entrance of the town is about half a mile; the advanced line of the military encampment is not one-fourth of a mile from the gate; the communication was uninterrupted during the whole period. Detachments of the regiments were daily detailed for town or garrison duty; there is scarcely a soldier who went into the gates who did not take the fever; in some instances, the disease did not manifest itself for ten or twelve days, others in twenty-four hours, but most generally in four or five days; yet, notwithstanding all this intercourse, there is not an instance of any person falling sick who could not be traced to an absolute visit to the town, a proof, (I say,) that it is not a contagious disease, and only infectious in infected air. If, therefore, it could not be brought half a mile, how is it possible to carry and propagate it across the Atlantic?"

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78. *Small-Pox.*—Dr. George Gregory presents us, in a very interesting paper in the *London Medical Gazette*, for February, 1829, with the experience of the Small-pox Hospital, during the year 1828.

One hundred and ninety-three patients were admitted with small-pox, or some of its modifications, during the year. Of these, seventy-one had undergone regular vaccination, leaving a cognizable and for the most part good cicatrix. Of the remaining one hundred and twenty-two who were unprotected, fifteen had been "cut for the cow-pox ineffectually," and one hundred and seven took the disorder without having submitted to any kind of preparatory process. None were admitted subsequent to variolous inoculation. The total number of deaths was sixty-six, rather more than thirty-three per cent. Of the one hundred and twenty-two unprotected cases, sixty-three died and fifty-nine recovered, being a mortality of above fifty-one per cent. Of the seventy-one who had undergone vaccination, three only died, and sixty-eight recovered, being a mortality of only a little more than four per cent.

The few deaths that have occurred among those who suffered under small-pox, after undergoing vaccination, may lead some to suppose that the fatality of small-pox has diminished. Such, however, is not the fact. In 1794 the rate of mortality in the hospital was thirty-five per cent.; in 1795, thirty-one per cent.—average of the two years, thirty-one. In 1828, as we have already stated, with seventy-one admissions subsequent to vaccination, the rate of mortality was no less than thirty-three per cent. and if we consider only those who were unprotected by vaccination, fifty-one per cent.

But it is not only lessening the mortality that vaccination has shown its beneficial influence, it has also shortened the amount of suffering. The duration of each patient in the hospital shows pretty correctly the severity of the complaint, for, with few exceptions, they were all admitted on the second, or, at the farthest, on the third day of the eruption; nor were they discharged until perfectly restored to health. Thirty-seven patients having small-pox after vaccination, were discharged cured, having been in the hospital less than twelve days. Eleven of these were less than eight days in hospital. Forty-seven out of sixty-eight were discharged cured within a fortnight from admission. Eight only remained in the hospital upwards of three weeks. On comparing this with the experience of the hospital prior to the days of vaccination, it appears, that in 1794, out of two hundred and thirteen patients three only were discharged within a fortnight from the date of admission, viz. one on the fourteenth, and two on the thirteenth day; and in 1795, out of one hundred and eighty patients two only were so discharged, viz. one on the tenth and one on the twelfth day after admission. By far the larger proportion of the discharged cases remained upwards of three weeks and many several months.

Dr. Gregory endeavours to explain the fact of the average rate of mortality by small-pox not having diminished since the discovery of vaccination, by supposing that the *modified* cases have taken the place of the *natural distinct*, and he says, "it will be found that the latter, formerly so common, is now become a very rare form of the disorder, insomuch that, for the last two months, not one case bearing that character has been admitted into hospital."

"We may generalise," he adds, "one step further, and lay it down as a great general law, that there are certain constitutions which are naturally *patient* under the influence of the variolous poison. Prior to the discovery of vaccination, these must of course have been far more numerous than at present. In consequence of the disuse of inoculation, and the fewer foci of the poison now to be met with, the disease fastens itself at present chiefly upon those whose constitutions are predisposed by weakness, or some less cognizable circumstance—whose systems are exceedingly irritable under the operation of the poison, and who therefore suffer severely from it. Hence the greater number of confluent and semi-confluent cases in the practice of the present day among the unprotected part of the community; while the proportion of mild and recoverable cases is kept up by *vaccination*.

"If I have reasoned rightly on the phenomena before me, the following may be looked upon as a correct statement of the influence of vaccination upon the human body. Those persons whose constitutions are naturally patient under the influence of the variolous poison, and who, prior to the discovery of vaccination, would have had the mild or distinct kind of small-pox, are by vaccination rendered perfectly secure from the attacks of small-pox. Those again whose constitutions are naturally *irritable* under the variolous poison, and who would formerly have suffered severely from it, even by inoculation, are now, by vaccination, rendered in a great degree secure from its mortal effects. The few who do fall victims to small pox after vaccination, are those whose constitutions are so peculiarly susceptible and irritable as to bid defiance to any kind of medical treatment, whether prior to, or during the attack."

79. *Report of the Council of Health of the City of Paris, for the year* 1827.—The bill of mortality formed with much care in the offices of the third division, a classification of the deaths being made according to their several causes, presents an exact view of the mortality in each of the arrondissements and quarters in the city at large, as well as various hospitals and infirmaries situated within its limits. To render the calculations relative to the influence of local causes upon the mortality more exact, an attempt has been made, for the first time, to separate from the table all the deaths of individuals, which, arriving sick at Paris, or only having inhabited it for a few days, had not been subjected to the influence of these causes. For the first time, also, a view is exhibited of the deaths from phthisis pulmonalis in each of the wards or quarters. As pulmonary catarrh, notwithstanding its attendance upon a much more advanced age, appears, nevertheless, in the progress of its symptoms, to confound itself with phthisis, we think it will likewise be useful to present a view of it as it occurs in each quarter, in order to ascertain if possible, whether its existence, like what we suppose to be the case in phthisis pulmonalis, is not owing to local causes, among which place of dwelling or locality, (l'habitation,) appears to be the principal.

We refrain from drawing any inductions from this first calculation of the deaths occasioned by pulmonary consumption, since, notwithstanding the remarkable differences it presents in one quarter from another in the same arrondissement, and in the twelve, we think that this investigation should be continued for a series of years, previous to deciding upon the probable causes why this disease, so common in cities and so rare in the country, commits its ravages more in one quarter than another.

In classifying diseases according to the order in which they have been most frequently fatal, we still find phthisis pulmonalis in the first rank. The deaths by this disease are 1086 males and 1444 females. Most of these victims have perished, the females between the ages of fifteen and forty-five years, the males between the years of twenty and thirty-five. Pulmonary catarrh, which may be regarded in some measure as the phthisis of old age, has caused the death of 855 men and 1027 women; its ravages are most frequent from the fortieth to the ninetieth year. Gastritis has swept away 838 males and 993 females, most of whom perished in the three first months of life, or during the first and second years. The same observation may apply to enteritis, which carried off 1018 males and 1033 females. Peritonitis has proved fatal to 129 men and 421 women; it has been particularly destructive from the age of fifteen years and upwards among the male sex, and between the years of fifteen and forty-five among females. 191 males and 197 females died from inflammation of the brain, the greatest number in the three first months of life and between the years of fifteen and seventy. Inflammation of the lungs has destroyed 869 males with an equal number of females, of the age of fifteen and upwards, but more particularly in the three first months of infancy. Of apoplexy there died 512 men and 403 women, between the years of thirty-five and eighty. Of cancer and scirrhus 107 men and 417 women fell victims, the males from the age of forty, and the females from the age of twenty upwards. There died of aneurism of the heart 220 males and 393 females, from the age of twenty upwards. Fevers considered in the order of their mortality, present themselves as follows:—Cerebral fever has swept away 293 individuals of the male and 252 of the female sex, showing its greatest mortality in the period of infancy and youth; there have died of the fever called putrid 87 men and 93 women; of that styled *malignant* 84 males and 74 females of the age of ten years and upwards; and of the fever denominated *bilious*, 60 men and 38 women.

Among children, convulsions have proved fatal to 756 boys and 736 girls, the greatest number in the three first months of life, and from the first to the second year; dentition, 108 boys and 114 girls; hooping cough, 54 boys and 64 girls; croup, 85 boys and 86 girls; small-pox, 97 boys and 63 girls; measles, 47 boys and 39 girls. Of still-born and premature births, there were 799 males and

655 females, whilst the amount of such as died from weakness, from the period of birth to the third month was 339 boys and 332 girls.

This concise view of the chief causes of mortality during the past year, (1827,) shows us in the first rank phthisis, pulmonary catarrh, gastritis and enteritis. These diseases have in fact produced alone more than two-fifths of the deaths. With regard to phthisis and pulmonary catarrh, we repeat that most of their victims have been females, in so remarkable a proportion as to exceed a fourth more. What is the cause of this difference? May it not be attributed to the more sedentary life of women, which renders them more liable to the influence of local causes, and more particularly to that which cohabitation exercises upon the economy.

The frequent occurrence of peritonitis among women, is sufficiently explained by the nature of the functions associated with the uterine system, and the influence which these exert in the production of that disease. Being subject to a sanguineous evacuation easily deranged, to a sedentary life, and a higher degree of moral susceptibility, and especially to more frequent causes of sorrow, may afford some explanation why organic diseases of the heart are more common among women than men; but from whence arises their greater liability to cancerous affections? Certainly, if these disorders depend upon a virus, there can be no reason why they should be less common among men. This difference, it appears to us, proceeds in some degree from the neglect arising out of a false modesty, by which means the treatment of the disease is only attempted during the chronic stages; for inflammations of the maternal organs, when neglected, produce at length that degeneration of the tissues which characterizes scirrhus and cancer.

The number of children which have died of convulsions is still very great, although not so many victims have fallen as during the year 1826. We cannot too often repeat, that convulsions are only the symptoms of a cerebral irritation, almost always consecutive to irritations of the digestive organs, so frequent in the first months, and during the period of first dentition. It is especially in seeking to prevent and combat the affection of the digestive passages, which will lead to a diminution of the frequency of convulsions; and in this double light, we cannot too strongly recommend the frequent use of bathing, emollient cataplasms, mucilaginous drinks, &c.—*Recueil Industrie, etc. Nov.* 1828.

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80. *On Feigned Diseases of the Heart.* By Dr. Quarrier.—A man, named Chapman, became notorious in the Royal Marine Artillery for possessing powders capable of producing symptoms so closely resembling those of diseased heart, as to deceive the medical attendants, and lead to the men procuring exemption from duty. These powders, it appears, consisted chiefly of the helleborus albus; and the drug was actually administered in the immense doses of one drachm or more, when it was intended to produce a very decided effect.—*Provincial Medical Gazette.*

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81. *Phrenology.*—Dr. Elliotson related, at a meeting of the London Phrenological Society, the following case of a young lady under his care, who is diseased mentally in reference to cleanliness. This patient "suffers the greatest anxiety lest any dirt should touch her, or any dust get upon her. If she treads upon any thing in the street that is in the form of dirt, she stands and examines it, and, after looking at it for some time, heaves a sigh and goes on. Sometimes she stops so long that a crowd collects, a coach is called, and she is carried away. When any person enters the room, she rises and tries whether the door is fast, lest any wind should blow dust in upon her. On being asked whether she felt any pain in her head, she replied 'yes,' and put her fingers upon the organ of cautiousness."—*Lond. Med. and Surg. Journ. June,* 1829.